


FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 17 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **767727** (1)  
1. Corporation Name  
**RAMSEY BEND HUNTING CLUB, INC.**



Principal Place of Business <b>ROY FUTCH ROAD CROSS CITY FL 32628 US</b>	Mailing Address <b>P.O. BOX 224 CROSS CITY FL 32628-0224 US</b>
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3. Date Incorporated or Qualified <b>03/30/1983</b>	3a. Date of Last Report <b>02/05/1996</b>
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2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

4. FEI Number <b>59-2669992</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BROWN, CHARLES A  
HIGHWAY 351A  
P.O. BOX 224  
CROSS CITY FL 32628**

10. Name and Address of New Registered Agent

81 Name  
**Benny Valentine**

82 Street Address (P.O. Box Number is Not Acceptable)  
**4781 NW 18<sup>th</sup> Ave.**

83

84 City  
**Cross City, FL**

85 Zip Code  
**32628**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Benny Valentine* **Sec/Treas.** **4-15-97**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>ST</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BROWN, CHARLES A</b>	
STREET ADDRESS	<b>P.O. BOX 1804 N/A</b>	
CITY-ST-ZIP	<b>CROSS CITY FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HARRELSON, WILLIE</b>	
STREET ADDRESS	<b>12308 WYATT COURT</b>	
CITY-ST-ZIP	<b>DADE CITY FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>VALENTINE, MILTON C</b>	
STREET ADDRESS	<b>P.O. BOX 9 N/A</b>	
CITY-ST-ZIP	<b>CROSS CITY FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ROBINSON, JAMEY</b>	
STREET ADDRESS	<b>ROUTE 3, BOX 3 (N/A)</b>	
CITY-ST-ZIP	<b>OLD TOWN FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SMITH, BUDDY</b>	
STREET ADDRESS	<b>P.O. BOX 1083 N/A</b>	
CITY-ST-ZIP	<b>CROSS CITY FL</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>VALENTINE JAMES B.</b>	
STREET ADDRESS	<b>POST OFFICE BOX 89 N/A</b>	
CITY-ST-ZIP	<b>CROSS CITY FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Brantley Valentine</b>	
1.3 STREET ADDRESS	<b>P.O. Box 609 (N/A)</b>	
1.4 CITY-ST-ZIP	<b>Cross City, FL. 32628</b>	
2.1 TITLE	<b>Sec/Treas.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Benny Valentine</b>	
2.3 STREET ADDRESS	<b>4781 NW 18<sup>th</sup> Ave.</b>	
2.4 CITY-ST-ZIP	<b>Cross City, FL. 32628</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	<b>Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>Byron L. Jones</b>	
6.3 STREET ADDRESS	<b>10630 Leland Hawes Rd.</b>	
6.4 CITY-ST-ZIP	<b>Thonotosassa, FL. 33592</b>	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Benny Valentine* **4-15-97**

CR2E037 (9/96)