

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 ROY FUTCH ROAD CROSS CITY FL 32628 US	Mailing Address P.O. BOX 224 CROSS CITY FL 32628-0224 US
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3. Date Incorporated or Qualified
03/30/1983

4. FEI Number 59-2669992	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business

21 SOUTH OF US 19 AND EAST OF	26
22 STATE ROAD 358	27

23 CROSS CITY, FL	28
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24 32628	25 DIXIE	29	30
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**VALENTINE, BENNY
4781 NW 18TH AVE
CROSS CITY FL 32628**

10. Name and Address of New Registered Agent

81 Name BROCK, JAMES V.
82 Street Address (P.O. Box Number is Not Acceptable) LOVIE CANNON ROAD
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: James V Brock **JAMES V. BROCK, Sect/TREAS** DATE: **1/20/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE P	Change <input checked="" type="checkbox"/> Addition
NAME VALENTINE, BENNY		1.2 NAME VALENTINE, BRANTLEY	
STREET ADDRESS P.O. BOX 609 N/A		1.3 STREET ADDRESS P.O. BOX 303, N/A	
CITY-ST-ZIP CROSS CITY FL		1.4 CITY-ST-ZIP CROSS CITY, FL 32628-0303	
TITLE ST	<input checked="" type="checkbox"/> DELETE	2.1 TITLE S/T	Change <input checked="" type="checkbox"/> Addition
NAME VALENTINE, BENNY		2.2 NAME BROCK, JAMES V.	
STREET ADDRESS 4781 NW 18TH AVE.		2.3 STREET ADDRESS LOVIE CANNON ROAD	
CITY-ST-ZIP CROSS CITY FL		2.4 CITY-ST-ZIP CROSS CITY, FL 32628-1718	
TITLE D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE D	Change <input checked="" type="checkbox"/> Addition
NAME VALENTINE, MILTON C		3.2 NAME BUCHANAN, ALVIN	
STREET ADDRESS P.O. BOX 9 N/A		3.3 STREET ADDRESS HC 5 BOX 757 N/A	
CITY-ST-ZIP CROSS CITY FL		3.4 CITY-ST-ZIP OLD TOWN, FL 32680	
TITLE D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE D	Change <input checked="" type="checkbox"/> Addition
NAME ROBINSON, JAMEY		4.2 NAME WARD, HARRY L.	
STREET ADDRESS ROUTE 3, BOX 3		4.3 STREET ADDRESS HC 4 BOX 415 N/A	
CITY-ST-ZIP OLD TOWN FL		4.4 CITY-ST-ZIP OLD TOWN, FL 32680	
TITLE D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE D	Change <input checked="" type="checkbox"/> Addition
NAME SMITH, BUDDY		5.2 NAME SMITH, LARRY C.	
STREET ADDRESS P.O. BOX 1083 N/A		5.3 STREET ADDRESS P.O. BOX 1855 N/A	
CITY-ST-ZIP CROSS CITY FL		5.4 CITY-ST-ZIP CROSS CITY, FL 32680	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JONES, BYRON L.		6.2 NAME	
STREET ADDRESS 10630 LELAND HAWES RD.		6.3 STREET ADDRESS	
CITY-ST-ZIP THONOTOSASSA FL		6.4 CITY-ST-ZIP	

14. I 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: James V Brock **JAMES V. BROCK, Sect/TREAS** DATE: **1/20/98** 352-498-3139

CR2E037 (10/97)