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**FILED**  
**Feb 27, 1999 8:00 am**  
**Secretary of State**

02-27-1999 90012 009 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 767727**

1. Corporation Name

**RAMSEY BEND HUNTING CLUB, INC.**

Principal Place of Business

SOUTH OF US 19 AND EAST OF SR 358  
 CROSS CITY FL 32628  
 US

Mailing Address

P.O. BOX 224  
 CROSS CITY FL 32628-0224  
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	03/30/1983	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Country	59-2669992	
24	Country	29	Country	Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

**BROCK, JAMES V**  
**LOVIE CANNON ROAD**  
**CROSS CITY FL 32628**

10. Name and Address of New Registered Agent

81	Name	85	Zip Code
82	Street Address (P.O. Box Number is Not Acceptable)		
83			
84	City	FL	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALENTINE, BRANTLEY	1.2 NAME	
STREET ADDRESS	PO BOX 303 N/A	1.3 STREET ADDRESS	
CITY-ST-ZIP	CROSS CITY FL 32628	1.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROCK, JAMES V	2.2 NAME	
STREET ADDRESS	LOVIE CANNON RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	CROSS CITY FL 32628	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUCHANAN, ALVIN	3.2 NAME	Valentine, Jackie
STREET ADDRESS	HCS BOX 757 N/A	3.3 STREET ADDRESS	P.O.Box 1956 N/A
CITY-ST-ZIP	OLD TOWN FL 32680	3.4 CITY-ST-ZIP	Cross City, Fl 32628
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WARD, HARRY L	4.2 NAME	Nelson, Robert W.
STREET ADDRESS	HC 4 BOX 415 N/A	4.3 STREET ADDRESS	9801 Nelson
CITY-ST-ZIP	OLD TOWN FL 32680	4.4 CITY-ST-ZIP	Dade City, Fl 33525
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, LARRY C	5.2 NAME	
STREET ADDRESS	PO BOX 1855 N/A	5.3 STREET ADDRESS	
CITY-ST-ZIP	CROSS CITY FL 32680	5.4 CITY-ST-ZIP	
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, with all other like empowered.

SIGNATURE: *James V Brock* **SIGNATURE REQUIRED** Brock, Sec/Treasurer 352-498-3139  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)