

FILE NOW: FILING FEE IS \$61.25

FILED  
Jul 18 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N35323 (7)**  
1. Corporation Name  
**OCHESSEE SPORTSMAN CLUB, INC.**



Principal Place of Business <b>RT 2 BOX 733R - COUNTY ROAD 194 BLOUNTSTOWN FL 32424</b>	Mailing Address <b>RT 2 BOX 733R - COUNTY ROAD 194 BLOUNTSTOWN FL 32424-8517</b>
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>11/22/1989</b>	3a. Date of Last Report <b>08/22/1996</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24. Country	29. Country	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**

**BARFIELD, BENNY E.**  
**RT. 2, BOX 733R**  
**COUNTY ROAD 194**  
**BLOUNTSTOWN FL 32424**

**10. Name and Address of New Registered Agent**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City **FL** 85. Zip Code

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 \_\_\_\_\_ (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>D</b> <input type="checkbox"/> DELETE
NAME	<b>MOLTON, LAMAR</b>
STREET ADDRESS	<b>P.O. BOX N/A</b> <i>2102 River Rd Sneads Sneads FL 32460</i>
CITY-ST-ZIP	<b>SNEADS FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>BARFIELD, PHILLIP</b>
STREET ADDRESS	<b>RT. 2, BOX 87</b> <i>street address NA</i>
CITY-ST-ZIP	<b>ALPHA FL 32421</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>MCCLAMMA, WADE</b>
STREET ADDRESS	<b>P O BOX 723</b> <i>114 middle Run DR Sneads, FL 32460</i>
CITY-ST-ZIP	<b>SNEADS FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>TRICKEY, ALLEN</b>
STREET ADDRESS	<b>HWY 274W</b> <i>street address NA</i>
CITY-ST-ZIP	<b>ALPHA FL 32421</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>DAVIS, JOEL</b>
STREET ADDRESS	<b>2357 HUMMINGBIRD DR</b>
CITY-ST-ZIP	<b>MARIANNA FL 32446</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>BARFIELD, BENNY</b>
STREET ADDRESS	<b>RT. 2, BOX 733R</b> <i>County Rd 194</i>
CITY-ST-ZIP	<b>BLOUNTSTOWN FL</b> <i>32424</i>

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12?**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<i>Barfield, Jarrod</i>
2.3 STREET ADDRESS	<i>Rt 2, Box 733R county rd 194</i>
2.4 CITY-ST-ZIP	<i>Blountstown, FL 32424</i>
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 \_\_\_\_\_ DATE *6/30/97* *850-674-9216*

CR2E037 (9/96)