

AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

98 OCT 20 AM 10:58

SECRETARY OF STATE
 FLORIDA



DOCUMENT # N35323 (7)
 1. Corporation Name
OCHESSEE SPORTSMAN CLUB, INC.

Principal Place of Business Mailing Address
 RT 2 BOX 733R - COUNTY ROAD 194 BLOUNTSTOWN FL 32424

3. Date Incorporated or Qualified
11/22/1989
 4. FEI Number
NOT APPLICABLE

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 30

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
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 _____ 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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOLTON, LAMAR	1.2 NAME	Hollis, Bennie
STREET ADDRESS	2102 RIVER RD	1.3 STREET ADDRESS	PO Box 418 - Hwy 71S
CITY-ST-ZIP	SNEADS FL	1.4 CITY-ST-ZIP	Altha, FL 32421
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARFIELD, JARROD	2.2 NAME	
STREET ADDRESS	RT. 2, BOX 733R COUNTY ROAD 194	2.3 STREET ADDRESS	800002671728--2
CITY-ST-ZIP	BLOUNTSTOWN FL	2.4 CITY-ST-ZIP	-10/26/98-01003-015
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCLAMMA, WADE	3.2 NAME	
STREET ADDRESS	114 MIDDLE RUN DR	3.3 STREET ADDRESS	****70.00 ****70.00
CITY-ST-ZIP	SNEADS FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRICKEY, ALLEN	4.2 NAME	
STREET ADDRESS	HWY 274W	4.3 STREET ADDRESS	
CITY-ST-ZIP	ALTHA FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, JOEL	5.2 NAME	
STREET ADDRESS	2357 HUMMINGBIRD DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	MARIANNA FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARFIELD, BENNY	6.2 NAME	
STREET ADDRESS	RT. 2, BOX 733R COUNTY RD 194	6.3 STREET ADDRESS	
CITY-ST-ZIP	BLOUNTSTOWN 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: Benny E. Barfield **Benny E Barfield** 7-28-98 850-674-5216
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0011869

CR2E037 (5/98)