

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # N94000006321 (3)

1. Corporation Name

IAMONIA LAKE HUNTING AND FISHING CLUB, INC.

Principal Place of Business

**1807 RIVER ST.
BLOUNTSTOWN FL 32424**

Mailing Address

**P.O. BOX 360
1807 RIVER ST.
BLOUNTSTOWN FL 32424**

FILED

95 FEB 17 PM 3:33

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/28/1994

3a. Date of Last Report

4. FEI Number

59-0609996

Applied For

Not Applicable

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. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐

Yes

☐

No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**MCMILLAN, PHILLIP
1807 RIVER ST.
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**D
MCMILLAN, PHILLIP
1807 RIVER ST.
BLOUNTSTOWN FL 32424**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**D
LEONARD, HAYES
1701 S. PEAR
BLOUNTSTOWN FL 32424**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**D
MCCELLELLAN, HENTZ
119 RIVER ST.
BLOUNTSTOWN FL 32424**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**D
HOLLEY, TRUMAN
100 CHIPOLA RD.
BLOUNTSTOWN FL 32424**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**D
HALLEY, JOHNNY
239 N. MAIN ST.
BLOUNTSTOWN FL 32424**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**D
PARKER, JIM
126 N. MAIN
BLOUNTSTOWN FL 32424**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 this corporation or the partner 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-95 904-674-5974