

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS**FILED**
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90117 004 ****61.25

0010223

DOCUMENT # N94000006321

1. Corporation Name

IAMONIA LAKE HUNTING AND FISHING CLUB, INC.

Principal Place of Business

**117 S PEAR STREET
BLOUNTSTOWN FL 32424**

Mailing Address

**P O BOX 360
BLOUNTSTOWN FL 32424
US**

2. Principal Place of Business

21 Suite, Apt. #, etc.**22** City & State**23** Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.**27** City & State**28** Zip

Country

3. Date Incorporated or Qualified

12/28/1994

4. FEI Number

59-0609996

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**STOUTAMIRE, WILLIAM F
117 S PEAR STREET
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

4-9-99

12.

OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETENAME **MCMILLAN, PHILLIP**
STREET ADDRESS **1807 RIVER ST.**
CITY-ST-ZIP **BLOUNTSTOWN FL 32424**TITLE **D** ☐ DELETENAME **LEONARD, HAYES**
STREET ADDRESS **1701 S. PEAR**
CITY-ST-ZIP **BLOUNTSTOWN FL 32424**TITLE **D** ☐ DELETENAME **MCCLELLAN, HENTZ**
STREET ADDRESS **119 RIVER ST.**
CITY-ST-ZIP **BLOUNTSTOWN FL 32424**TITLE **D** ☐ DELETENAME **HOLLEY, TRUMAN**
STREET ADDRESS **100 CHIPOLA RD.**
CITY-ST-ZIP **BLOUNTSTOWN FL 32424**TITLE **D** ☐ DELETENAME **HALLEY, JOHNNY**
STREET ADDRESS **239 N. MAIN ST.**
CITY-ST-ZIP **BLOUNTSTOWN FL 32424**TITLE **D** ☒ DELETENAME **PARKER, JIM**
STREET ADDRESS **126 N. MAIN**
CITY-ST-ZIP **BLOUNTSTOWN FL 32424**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRESIDENT** ☐ Change ☒ Addition1.2 NAME **Michael Eldridge**
1.3 STREET ADDRESS **Rt. 2, Box 697-E**
1.4 CITY-ST-ZIP **Blountstown, Fl 32424**2.1 TITLE **1ST VICE PRESIDENT** ☐ Change ☒ Addition2.2 NAME **Edward Holley**
2.3 STREET ADDRESS **807 Burns Avenue**
2.4 CITY-ST-ZIP **Blountstown, Fl 32424**3.1 TITLE **2ND VICE PRESIDENT** ☐ Change ☒ Addition3.2 NAME **Cleve Fleming**
3.3 STREET ADDRESS **418 Cedar Street**
3.4 CITY-ST-ZIP **Blountstown, Fl 32424**4.1 TITLE **Secretary & Treasurer** ☐ Change ☒ Addition4.2 NAME **William F. Stoutamire**
4.3 STREET ADDRESS **P. O. Box 360**
4.4 CITY-ST-ZIP **Blountstown, Fl 32424**5.1 TITLE **D** ☐ Change ☒ Addition5.2 NAME **John Charles Peacock**
5.3 STREET ADDRESS **P. O. box 613**
5.4 CITY-ST-ZIP **Blountstown, Fl 32424**6.1 TITLE **D** ☐ Change ☒ Addition6.2 NAME **Gene McClellan**
6.3 STREET ADDRESS **304 Gaskin Street**
6.4 CITY-ST-ZIP **Blountstown, Fl 32424**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-9-99 850-674-5974

CR2E037 (11/98)