


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90012 005 ****61.25

DOCUMENT # N96000004542 1. Entity Name BREEDING GROUND STILL HUNT CLUB, INC.			
Principal Place of Business		Mailing Address	
PO BOX 135 WORTHINGTON SPRINGS FL 32697 US		PO BOX 135 WORTHINGTON SPRINGS FL 32697 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BLUE, WARREN C 4970 REPING LN. PERRY FL 32348		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		State FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <u>W.C. Blue</u>		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust/Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGERS, FREDDIE	NAME	Same
STREET ADDRESS	2280 ROGERS RD	STREET ADDRESS	
CITY-ST-ZIP	PERRY FL 32347	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLMES, WALLACE	NAME	Same
STREET ADDRESS	2464 BOYD RD	STREET ADDRESS	
CITY-ST-ZIP	PERRY FL 32347	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAUGHTER, JIMMY	NAME	Same
STREET ADDRESS	PO BOX 232	STREET ADDRESS	
CITY-ST-ZIP	PERRY FL 32347	CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WINSTEAD, JAMES	NAME	Blanton Vernon
STREET ADDRESS	2860 HWY 27E	STREET ADDRESS	
CITY-ST-ZIP	PERRY FL 32347	CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLUE, W C	NAME	Same
STREET ADDRESS	PO BOX 135	STREET ADDRESS	
CITY-ST-ZIP	WORTHINGTON SPRINGS FL 32697	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>W.C. Blue</u>		DATE: <u>1-30-04</u> DAYTIME PHONE #: <u>386-496-8060</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE DAYTIME PHONE #	