

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90009 002 ****61.25

DOCUMENT # P08075 1. Entity Name HOMOSASSA FISHING CLUB OF GEORGIA, INC.					
Principal Place of Business C/O ROBERT A. CRUIKSHANK 4500 WENDALL DRIVE ATLANTA, GA 30336 US			Mailing Address C/O ROBERT A. CRUIKSHANK 4500 WENDALL DRIVE ATLANTA, GA 30336 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 58-0599447	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent STILLWELL, CLARK A BRANNEN, STILLWELL & PERRIN, P.A. 320 US HWY 41 SOUTH INVERNESS, FL 32650			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$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 NAME STREET ADDRESS CITY-ST-ZIP	ST CRUIKSHANK, ROBERT A 4500 WENDALL DRIVE ATLANTA, GA 30336 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C WILLIAMS, RALPH 1201 W. PEACHTREE ST. ATLANTA, GA 30309 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EUART, JR., JOHN F 1708 PEACHTREE ST, SUITE 425 ATLANTA, GA 30309 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CRAFT, FRANK 3220 CHATEAU COURT ATLANTA, GA 30305 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Tom West 125 old stratton chase ATLANTA, GA 30328 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SMITH, GORDON A 191 PEACHTREE STREET ATLANTA, GA 30303 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Bruce B. Wilson 1600 Northside Dr. ATLANTA, GA 30318 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, II, CHARLES B SUITE 500, 2970 PEACHTREE ROAD ATLANTA, GA 30305 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ☒ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:			2.7.06 404.691.9445		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		