

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90071 008 ****61.25

DOCUMENT # N97000000809					
1. Entity Name THE PALATKA SKEET CLUB, INC.					
Principal Place of Business 301 SKEET CLUB ROAD PALATKA, FL 32178-1546 US			Mailing Address PO BOX 1546 PALATKA, FL 32178-1546		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3483213	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
ROSBON, DAVID K JR 178 RIVERWOOD TERRACE ORANGE PARK, FL 32003		Name ROBSON 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 _____ (NOTE: Registered Agent signature required when reissuing) DATE					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing <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 NAME STREET ADDRESS CITY-ST-ZIP	VPD FERTIE, WILLIAM 352 COUEVE DR MIDDLEBURG, FL 32068	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLEMAN, LINDA 5775 MARICK RD BRANFORD, FL 32008	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLAKENSHIP, HOUSTON P.O. BOX 232 HOLLISTER, FL 32147	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, STEVE 12016 STAY SLUTT CR. JACKSONVILLE, FL 32223	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>David K. Robson</i>			3-28-05		9042782678 9042782678
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #

ATTACHMENT

40051394
N97000000809

**NOTE: ALL ENTRIES IN BLOCK #10 ARE INCORRECT AS IS THE
SPELLING OF THE REGISTERED AGENT IN BLOCK #6**

BLOCK 11.

PD

**JOHNSTONE, STEVE
12016 STACY SCOTT CT.
JACKSONVILLE, FL 32223**

VD

**FRENCH, TERRY
108 BETSY ROSS PL.
SATSUMA, FL 32189**

STD

**ROBSON, DAVID K., JR.
178 RIVERWOOD TERRACE
ORANGE PARK, FL 32003**

D

**FERTIG, WILLIAM
352 COLLEGE DR.
MIDDLEBURG, FL 32068**

D

**COLEMAN, LINDA
5775 MAVERICK RD.
MIDDLEBURG, FL 32068**

D

**HARRELL, ERNIE
202A CR 309E
PALATKA, FL 32177**