

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2001 8:00 am
Secretary of State

0016468

DOCUMENT # 708951

1. Entity Name

ALAQUA HUNTING LODGE, INCORPORATED

01-25-2001 90007 024 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 213
 DEFUNIAK SPRINGS FL 32433

P.O. BOX 213
 DEFUNIAK SPRINGS FL 32433

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

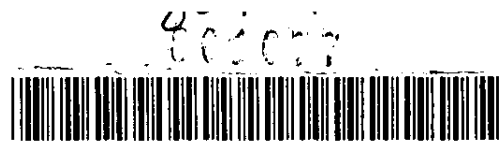
4. FEI Number **59-2894018**

Applied For
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORSE, CHARLES W SR
P.O. BOX 213
76 PHIL HARRIS DR.
DEFUNIAK SPRINGS FL 32433

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.

SIGNATURE _____ 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

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	NELSON, LARRY	
STREET ADDRESS	6319TH STREET	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MORSE, CHARLES W SR	
STREET ADDRESS	76 PHIL HARRIS DRIVE	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433	
TITLE	D	<input type="checkbox"/> Delete
NAME	NELSON, HENRY	
STREET ADDRESS	RT. 4 BOX 112	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ANDERSON, DALE	
STREET ADDRESS	COUNTRY RD 1883	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WEEKS, DAVID	
STREET ADDRESS	6388 COY BURGESS LOOP	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	EDWARDS, GARY	
STREET ADDRESS	847 EZKA BRANNON RD	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEEKS, DAVID	
STREET ADDRESS	6388 COY BURGESS LOOP	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL. 32433	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, LARRY	
STREET ADDRESS	6319TH STREET	
CITY-ST-ZIP	DEFUNIAK SPS. FL. 32433	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARDS, GARY	
STREET ADDRESS	847 EZKA BRANNON RD.	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL. 32433	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARDS, DANNY	
STREET ADDRESS	GELMAN MILL RD.	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL. 32433	

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: Charles W. Morse
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 11 JAN. 01 Daytime Phone #: 850-882-2357

CR2E037 (10/00)