

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708951

FILED
Jan 03, 2006
Secretary of State

Entity Name: ALAQUA HUNTING LODGE, INCORPORATED

Current Principal Place of Business:

P.O. BOX 213
DEFUNIAK SPRINGS, FL 32433

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 213
DEFUNIAK SPRINGS, FL 32433

New Mailing Address:

FEI Number: 59-2894018

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: ST () Delete
Name: MORSE, CHARLES W SR
Address: 76 PHIL HARRIS DRIVE
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: P () Delete
Name: NELSON, CLARENCE
Address: 167 SIDNEY AVE.
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: VP () Delete
Name: EDWARDS, DANNY
Address: 264 JOHN SAUNDERS RD.
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: D () Delete
Name: RHOADES, ALLEN
Address: 3295 KINGS LAKE RD.
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: D () Delete
Name: ANDREWS, ROBERT
Address: 4494 HWY 83
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: D () Delete
Name: NELSON, LARRY
Address: 167 SIDNEY AVENUE
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: EDWARDS, GARY
Address: 847 EZAR BRANNON RD.
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES W. MORSE

ST

01/03/2006

Electronic Signature of Signing Officer or Director

Date