

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708951

FILED  
Apr 20, 2007  
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:**

76 PHIL HARRIS DRIVE  
DEFUNIAK SPRINGS, FL 32433

**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:**

MORSE, CHARLES W SR  
76 PHIL HARRIS DR.  
DEFUNIAK SPRINGS, FL 32433 US

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:

04/20/2007

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: EDWARDS, GARY  
Address: 847 EZAR BRANNON RD.  
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

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

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 SR.

ST

04/20/2007

Electronic Signature of Signing Officer or Director

Date