

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Aug 21, 2007
Secretary of State

DOCUMENT# 709757

Entity Name: THE DEFUNIAK SPRINGS COUNTRY CLUB, INC.**Current Principal Place of Business:**171 COUNTRY CLUB LANE
DEFUNIAK SPRINGS, FL 32435 US**New Principal Place of Business:****Current Mailing Address:**171 COUNTRY CLUB LANE
DEFUNIAK SPRINGS, FL 32435 US**New Mailing Address:****FEI Number:** 59-1084115**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**DAVIS, MARK D
10 E BALDWIN AVE
DEFUNIAK SPGS, 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: P () Delete
Name: DUELL, TONY
Address: 1394 KINGS LAKE RD
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: V () Delete
Name: MCCALL, TOMMY
Address: TEALINVILLE
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: PP () Delete
Name: WILLIAM, LINDSEY
Address: 624 HILL ST
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: DUELL, TONY
Address: 1394 KINGS LAKE RD
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: V (X) Change () Addition
Name: OLIVER, JOHN
Address: 53 PATRICK DR
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: TRES (X) Change () Addition
Name: MICHELS, DANIEL
Address: 45 CLYDE BROWN RD
City-St-Zip: PONCE DE LEON, FL 32455

Title: SEC () Change (X) Addition
Name: WOODS, EVELYN
Address: 549 JUNIPER LAKE RD
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: GM () Change (X) Addition
Name: PARTRIDGE, PENELOPE
Address: 480 COUNTRY CLUB DRIVE
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

I hereby certify that the information supplied with this filing does not qualify 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: PENELOPE PARTRIDGE

GM

08/21/2007

Electronic Signature of Signing Officer or Director

Date