2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Dec 16, 2008
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: PRES ( ) Delete
Name: DUELL, TONY
Address: 1394 KINGS LAKE RD
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

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

Title: TRES ( ) Delete
Name: SMITH, SCOTT
Address: 123 GEORGIE ST
City-St-Zip: SANTA ROSA BEACH, FL 32459

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: THOMAS, PERRY
Address: 630 COUNTY HWY 147W
City-St-Zip: LAUREL HILL, FL 32567

Title: VP (X) Change ( ) Addition
Name: BARTON, KEITH
Address: 475 BRUCE AVE
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: TRES (X) Change ( ) Addition
Name: SUMMERBELL, MIKE
Address: 847 SQUIRREL ROAD
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

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 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 12/16/2008
Electronic Signature of Signing Officer or Director Date