2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Feb 17, 2006 8:00 am Secretary of State **DOCUMENT # 716470** 1. Entity Name 02-17-2006 90076 010 ****61.25 THE NORTHWEST FLORIDA FOX HUNTER'S ASSOCIATION, INC. Principal Place of Business Mailing Address 4909 E. 11TH ST. SPRINGFIELD FL 32404 PANAMA CITY FL 32404 2. Principal Place of Business 3. Mailing Address Reulah 361 Suite, Apt. #, etc. Suite, Apt. #, etc CR2E037 (10/05) 1st MOORE City & State City & State Applied For 4. FEI Number nama 59-2966117 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Same 95 IN HUNT, NANCY P Beulah Street Address 403-N. GAY AVE: PANAMA CITY FL 32404 361 -later and an article of the second Hinama 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. I am familiar with, and accept the obligations of registered agent. FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Title TITLE Oelete ☐ Change Addition NAME NAME 8926 KINGSWOOD RD STREE1 ADDRESS STREET ADDRESS PANAMA CITY FL 32405 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Channe ☐ Addition HUNT, JULIAN S NAME NAME Herama City, 71. 32404 409 N. GAY-AVENUE-STREET ADDRESS STREET ADDRESS PANAMA CITY FL 32404 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition 361 Beulah aue HUNT, NANCY P NAME NAME 403 N. GAY AVE STREET ADDRESS STREET ADDRESS Hanama CITY-ST-ZIP PANAMA CITY FL 32404 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE GRIFFIN, DEBORAH NAME NAME STREET ADDRESS 7001 KEITHLEY ROAD STREET ADDRESS PANAMA CITY FL 32404 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 a like empowered.

FFICER OR DIRECTOR

FILED