

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 01, 2007 08:00 AM
Secretary of State

DOCUMENT # 716470

1. Entity Name

**THE NORTHWEST FLORIDA FOX HUNTER'S
ASSOCIATION, INC.**



Principal Place of Business

**4909 E. 11TH ST.
SPRINGFIELD FL 32404
US**

Mailing Address

**361 BEULAH
PANAMA CITY FL 32404**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-2966117

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HUNT, NANCY P
361 BEULAH AVE
PANAMA CITY FL 32404**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	FRY, M.	
STREET ADDRESS	8926 KINGSWOOD RD	
CITY-ST-ZIP	PANAMA CITY FL 32405	

TITLE	D	<input type="checkbox"/> Delete
NAME	HUNT, JULIAN S	
STREET ADDRESS	361 BEULAH AVE	
CITY-ST-ZIP	PANAMA CITY FL 32404	

TITLE	D	<input type="checkbox"/> Delete
NAME	HUNT, NANCY P	
STREET ADDRESS	361 BEULAH AVE	
CITY-ST-ZIP	PANAMA CITY FL 32404	

TITLE	D	<input type="checkbox"/> Delete
NAME	GRIFFIN, DEBORAH	
STREET ADDRESS	7001 KEITHLEY ROAD	
CITY-ST-ZIP	PANAMA CITY FL 32404	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

U00000615585
02/06/07-80076-018 61.25

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 all other like empowered

SIGNATURE:

Nancy P. Hunt NANCY P. HUNT

1/30/07

850-871-1785