2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 16, 2004 8:00 am **DOCUMENT # 719161 Secretary of State** 1. Entity Name 02-16-2004 90036 036 ****61.25 PLANT CITY HUNT CLUB, INC. Principal Place of Business Mailing Address C/O JAMES H GRESHAM 3401 E. MIDWAY RD. PLANT CITY FL 33565 C/O JAMES H GRESHAM 3401 E. MIDWAY RD. PLANT CITY FL 33565 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) Applied For City & State 4. FEI Number City & State 23-7047896 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GRESHAM, JAMES H Street Address (P.O. Box Number is Not Acceptable) 3401 E. MÍDWAY RD. PLANT CITY FL 33565 City 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 (NOTE: Registered Agent signature required when reinstating) DATE Stonature, typed or printed name of registered agent and title if applicable. Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Florida Department of State Added to Fees Due By May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Change Addition TITLE TITLE ☐ Delete GRESHAM, JAMES H NAME NAME 3401 E. MIDWAY RD. STREET ADDRESS STREET ADDRESS PLANT CITY FL 33565 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITI F ☐ Delete LESLIE, JERRY NAME NAME 523 S WIGGINS RD STREET ADDRESS STREET ADDRESS PLANT CITY FL 33566 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE BROCK, DUANE NAME NAME 4060 SWINDELL RD STREET ADDRESS STREET ADDRESS PLANT CITY FL 33565 CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE TITLE CARLTON, GEORGE NAME NAME 201 LARSON AVE STREET ADDRESS STREET ADDRESS BRANDON FL 33510 CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

JAMES II. GRESHAM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date