

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

2/2

FILED
Mar 09, 2006 8:00 am
Secretary of State

02-02-2006 90081 001 ****61.25

DOCUMENT # 720132 1. Entity Name WEAR'S HUNT CLUB, INC.	
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Principal Place of Business 25700 SE HWY 42 UMATILLA, FL 32784-8706	Mailing Address 25700 SE HWY 42 UMATILLA, FL 32784-8706
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66004388



01212006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3203958	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PARRY, WILLIAM 1819 CHEROKEE TRAIL LAKELAND, FL 33803	DO NOT WRITE IN THIS SPACE
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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 date if applicable) (NOTE: Registered Agent signature required when restate) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PARRY, WILLIAM PO BOX 2235 LAKELAND, FL 33806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SUMMERLIN, JOEL 2235 NEEDHAM DRIVE VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MAJOR, ROBERT W 516 SUWANNEE CIR TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BUTLER, JAMES D 1020 TRASK LANE BARTOW, FL 33830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POLLARD, DAVID A19 N. SEMINOLE AVE. FORT MEADE, FL 33841
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHORT, THOMAS 22912 CYPRESS TRAIL DRIVE LUTZ, FL 33549

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Robert M. Parry* 3/6/06 813/WI-1261
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone