

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90103 046 ****61.25

DOCUMENT # 720132

1. Entity Name
WEAR'S HUNT CLUB, INC.



Principal Place of Business
**25700 SE HWY 42
UMATILLA, FL 32784-8706**

Mailing Address
**25700 SE HWY 42
UMATILLA, FL 32784-8706**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01162007

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-3203958

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**PARRY, WILLIAM
1819 CHEROKEE TRAIL
LAKELAND, FL 33803**

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

**Filing 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME PARRY, WILLIAM
STREET ADDRESS PO BOX 2235
CITY-ST-ZIP LAKELAND, FL 33806 ☐ Delete

TITLE D
NAME JOHN HUNT
STREET ADDRESS P.O. Box 1
CITY-ST-ZIP BARTOW, FL 33831 ☐ Change ☒ Addition

TITLE VPD
NAME SUMMERLIN, JOEL
STREET ADDRESS 2235 NEEDHAM DRIVE
CITY-ST-ZIP VALRICO, FL 33594 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD
NAME MAJOR, ROBERT W
STREET ADDRESS 516 SUWANNEE CIR
CITY-ST-ZIP TAMPA, FL 33606 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
NAME BUTLER, JAMES D
STREET ADDRESS 1020 TRASK LANE
CITY-ST-ZIP BARTOW, FL 33830 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME POLLARD, DAVID
STREET ADDRESS A19 N. SEMINOLE AVE.
CITY-ST-ZIP FORT MEADE, FL 33841 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME SHORT, THOMAS
STREET ADDRESS 22912 CYPRESS TRAIL DRIVE
CITY-ST-ZIP LUTZ, FL 33549 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/13/

Jan 18, 2007 251-1261