## 2008 NOT-FOR-PROFIT CORPORATION

## Jan 16, 2008 8:00 am ANNUAL REPORT **Secretary of State DOCUMENT #720132** 01-16-2008 90050 012 \*\*\*\*61.25 WEAR'S HUNT CLUB, INC. Principal Place of Business Mailing Address 25700 SE HWY 42 25700 SE HWY 42 UMATILLA, FL 32784-8706 UMATILLA, FL 32784-8706 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01122008 Chg-NP CR2E037 (12/06) 4. FEI Number 59-3203958 Applied For City & State City & State Not Applicable Zip Zip Country Country \$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 Name PARRY, WILLIAM 1819 CHEROKEE TRAIL Street Address (P.O. Box Number is Not Acceptable) LAKELAND, FL 33803 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 DATE Signature, typed or printed name of registered agent and title if applicable (NQTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filling Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITLE Change ☐ Addition PARRY, WILLIAM NAME NAME STREET ADDRESS PO BOX 2235 STREET ADDRESS LAKELAND, FL 33806 CITY-ST-ZIP CITY-ST-ZIP VPD : Delete TITLE ☐ Addition TITLE NAME SUMMERLIN, JOEL 6113 AVOCIET PIDGE DR 2235 NEEDHAM DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VALRICO FL 33594 CITY-ST-ZIP ☐ Delete TITLE MAJOR, ROBERT W NAME NALG STREET ADDRESS 516 SUWANNEE CIR STREET ADDRESS CITY-ST-ZIP **TAMPA, FL 33606** CITY-ST-ZIP TITLE ☐ Detete TITLE Addition BUTLER, JAMES D NAME: 1020 TRASK LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BARTOW, FL 33830 CITY-S1-ZIP TITLE ☐ Detete TITLE Change Addition POLLARD, DAVID NAME NAME STREET ADDRESS A19 N. SEMINOLE AVE. STREET ADDRESS FORT MEADE, FL 33841 CITY-ST-ZIP CITY-S1-ZIP ☐ Delete 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 receives 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.

STREET ADDRESS

CITY-ST-ZIP

NAME

22912 CYPRESS TRAIL DRIVE

SHORT, THOMAS

LUTZ, FL 33549

SIGNATURE: ...

NAME

STREET ADDRESS

FILED