


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 23, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 723876**  
 1. Entity Name  
**BRICKYARD HUNTING CLUB, INC**



Principal Place of Business      Mailing Address  
 P.O. BOX 976      P.O. BOX 976  
 HILLIARD, FL 32046 US      HILLIARD, FL 32046 US

**DO NOT WRITE IN THIS SPACE**



08212004 No Chg-NP CR2E037 (10/03)

4. FEI Number      Applied For  
**59-2661723**      Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 CORBIN, PETER R  
 121 W FORSYTH STREET  
 STE #1000  
 JACKSONVILLE, FL 32202

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and FEI if applicable (NOTE: Registered Agent's signature required when renouncing)

**Filing Fee is \$61.25**  
**Due by September 8, 2004**

8. Election Campaign Financing Trust Fund Contribution.       \$5.00 May Be Added to Fees

U00000162798  
 06/23/04-80001-004 61.25

**10. OFFICERS AND DIRECTORS**

TITLE	SD
NAME	HIGGINBOTHAM, GENE E
STREET ADDRESS	P.O. BOX 976
CITY-ST-ZIP	HILLIARD, FL 32046
TITLE	TD
NAME	WILKES, LEE
STREET ADDRESS	4731B3 MIDDLE RD
CITY-ST-ZIP	HILLIARD, FL 32046
TITLE	PD
NAME	CONNOR, CECIL
STREET ADDRESS	BOX 481104 HADDECK RD
CITY-ST-ZIP	HILLIARD, FL 32046
TITLE	VD
NAME	COONER, JERRY D
STREET ADDRESS	4007 CORNING CT
CITY-ST-ZIP	YULEE, FL 32097
TITLE	VD
NAME	GENTRY, ROBERT E
STREET ADDRESS	48137 3 CEDAR PL
CITY-ST-ZIP	HILLIARD, FL 32046
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 817, 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: Gene E. Higginbotham      6-21-04      904-845-2111  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #