


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

**FILED**  
**Jan 30, 2004 8:00 am**  
**Secretary of State**

01-30-2004 90072 044 \*\*\*\*70.00

<b>DOCUMENT # 769470</b>	
1. Entity Name <b>DELTONA HILLS GOLF AND COUNTRY CLUB, INC.</b>	

Principal Place of Business <b>1120 ELKCAM BLVD. DELTONA FL 32725</b>	Mailing Address <b>1120 ELKCAM BLVD. DELTONA FL 32725</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

**94007357**



MOORE CR2E037 (11/03)

4. FEI Number <b>59-2311338</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent <b>SENSON, ALAN 1245 CORONADO TERRACE DELTONA FL 32725</b>		7. Name and Address of New Registered Agent Name <b>CLAYTON R. FOOTE</b> Street Address (P.O. Box Number is Not Acceptable) <b>2217 E. UNION CIRCLE</b> City <b>DELTONA</b> FL Zip Code <b>32725</b>

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.

**CLAYTON R. FOOTE** *Clayton R Foote President* 1-26-04

SIGNATURE \_\_\_\_\_ DATE 1-23-04

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	<b>Make Check Payable to: Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SWENSON, ALAN 1245 CORONADO TERRACE DELTONA FL 32725 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLAYTON R. FOOTE 2217 E. UNION CIRCLE DELTONA, FL 32725 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HALLAHAN, DOUGLAS 1109 N OLD MILL DRIVE DELTONA FL 32725-2822 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD JOHN POUNDS 2931 NORVELL CT. DELTONA, FL 32739 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HALLAHAN, SUSAN 1109 N OLD MILL DRIVE DELTONA FL 32725-2822 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ED WARD 1255 INDIAN ROCK CT. DELTONA, FL 32725 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CONGER, JOSEPH 2081 DEBORAH TERRACE DELTONA FL 32725 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

**CLAYTON R. FOOTE** *Clayton R Foote President* 1-23-04 (386) 789-3911

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #