

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N00000004414**

1. Entity Name  
**JAMESTOWN HUNTING CLUB, INC.**



Principal Place of Business  
**1790 BENNETT RD  
ST AUGUSTINE, FL 32092**

Mailing Address  
**1790 BENNETT RD  
ST AUGUSTINE, FL 32092**



03142006 No Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-3623028**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**O'CONNELL, W. HENRY  
2200 N. PONCE DE LEON BLVD STE 10  
ST AUGUSTINE, FL 32084**

**DO NOT WRITE  
IN THIS SPACE**

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, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**1100000540850  
05/10/06-80035-001 61.25**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
RODEN, MARK A  
1790 BENNETT RD  
ST AUGUSTINE, FL 32092**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DV  
WILSON, VERNON  
605 FAVER DYKES RD  
ST AUGUSTINE, FL 32086**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DV  
TAYLOR, MARK  
1665 WOODLAWN RD  
ST AUGUSTINE, FL 32095**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DST  
ALLEN, TOMMY  
2500 CABBAGE HAMMOCK  
ST AUGUSTINE, FL 32092**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Mark A Roden**

**5/1/06**

**904-824-3471**

Date

Daytime Phone