


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # N01000002463 1. Entity Name MIAMI TRACT HUNT CLUB INC.	
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Principal Place of Business 1721 ROYAL PALM DR. EDGEWATER, FL 32132	Mailing Address 1721 ROYAL PALM DR. EDGEWATER, FL 32132
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DO NOT WRITE IN THIS SPACE



01112007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3717332	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent THOMAS, MICHAEL L 1721 ROYAL PALM DR. EDGEWATER, FL 32132

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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 _____ (NOTE: Registered Agent signature required when restate) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, MICHAEL L 1721 ROYAL PALM DR. EDGEWATER, FL 32132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MYERS, DAVID 3697 GLENN RD MIMS, FL 32754
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, JOHNNY 1704 EDGEWATER DR EDGEWATER, FL 32132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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01/17/07-80079-018 61.25

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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: *Michael L. Thomas* **Michael L. Thomas** 1-11-07 3864286526
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #