

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

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90635 029 ****70.00

DOCUMENT # N01000004662

1. Entity Name

HICKORY ISLAND HUNTING CLUB, INC.



Principal Place of Business

Mailing Address

RTE. 6, BOX 505-D
LAKE CITY FL 32025

RTE. 6, BOX 505-D
LAKE CITY FL 32025

2. Principal Place of Business

3. Mailing Address

579 S.W. Hillcrest St.
Suite, Apt. #, etc.

579 S.W. Hillcrest St.
Suite, Apt. #, etc.

City & State

Lake City, FL.
Zip Country
32025 Columbia

City & State

Lake City, FL.
Zip Country
32025 Columbia

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAULERSON, JAMES O
RTE. 6, BOX 505-D
LAKE CITY FL 32025

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	RAULERSON, JAMES O	
STREET ADDRESS	RTE. 6, BOX 505-D	
CITY - ST - ZIP	LAKE CITY FL 32025	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BURTON, MIKE	
STREET ADDRESS	RT 7 BOX 782	
CITY - ST - ZIP	LAKE CITY FL 32055	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RAULERSON, JIMMY	
STREET ADDRESS	RTE. 22, BOX 2915	
CITY - ST - ZIP	LAKE CITY FL 32024	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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.

SIGNATURE:

James O. Raulerson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/04 386.752.0654
Date Daytime Phone #