2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 14, 2005 8:00 am
Secretary of State
03-10-2005 90134 047 ****61.25

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1. Entity Name
KNEE KNOCKER HUNT CLUB, INC.

Principal Place of Business	Mailing Address
60 S. DIXIE HWY. ST. AUGUSTINE, FL 32084	60 S. DIXIE HWY. ST. AUGUSTINE, FL 32084

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03042005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BENNETT, TOMMY JR.
60 S. DIXIE HWY.
ST. AUGUSTINE, FL 32084

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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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BENNETT, TOMMY JR.
STREET ADDRESS	60 S. DIXIE HWY.
CITY-ST-ZIP	ST. AUGUSTINE, FL 32084
TITLE	D
NAME	KLING, WILLIAM JR.
STREET ADDRESS	9430 US 1, SOUTH
CITY-ST-ZIP	ST. AUGUSTINE, FL 32084
TITLE	D
NAME	WOODS, DONALD R
STREET ADDRESS	8521 ALTON AVE.
CITY-ST-ZIP	JACKSONVILLE, FL 32211
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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)(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: _____ Date _____
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR

Daytime Phone #