

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 10, 2007 08:00 AM
Secretary of State

DOCUMENT # N02000008172

1. Entity Name

MUSCOGEE HUNTING CLUB, INC.



Principal Place of Business

P.O. BOX 568
BRISTOL FL 32321

Mailing Address

P.O. BOX 568
BRISTOL FL 32321



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2nd MOORE

CR2E037 (4/07)

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

FAIRCHILD, JOHN E
HIGHWAY 20 EAST
BRISTOL FL 32321

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

John E Fairchild

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

John E Fairchild

(NOTE: Registered Agent signature required when reinstating)

7-24-07

DATE

FILE NOW: FEE IS \$61.25

Due By: September 5, 2007

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Delete
P FAIRCHILD, JOHN E
STREET ADDRESS HIGHWAY 20 EAST
CITY-ST-ZIP BRISTOL FL 32321

TITLE NAME ☐ Change ☐ Addition
U000000771878
08/10/07-80004-024 61.25

TITLE NAME ☐ Delete
D RICHARDSON, LEE
STREET ADDRESS HIGHWAY 20 EAST
CITY-ST-ZIP BRISTOL FL 32321

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete
D WAHLQUISTN, MICHAEL
STREET ADDRESS HIGHWAY 20 EAST
CITY-ST-ZIP BRISTOL FL 32321

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

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:

John E Fairchild

John E Fairchild

7-24-07

850-643-5957