

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # N03000002852

1. Entity Name
TRIPLE CREEK HUNTING CLUB, INC.



Principal Place of Business

P.O. BOX 1777
MAYO, FL 32066

Mailing Address

P.O. BOX 1777
MAYO, FL 32066



03052008 No Chg-NP

CR2E037 (4/06)

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4. FEI Number
06-1635547

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FRIER, BROWARD
CARBUR LANE
MAYO, FL 32066

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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

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME FRIER, BROWARD
STREET ADDRESS P.O. BOX 61
CITY-ST-ZIP MAYO, FL 32066

TITLE VD
NAME ELLISON, STEVE
STREET ADDRESS 7509 PRETTY POND LANE
CITY-ST-ZIP PERRY, FL 32348

TITLE TD
NAME NEWMAN, BILL
STREET ADDRESS P.O. BOX 202
CITY-ST-ZIP SALEM, FL 32356

TITLE D
NAME LAYTON, BOBBY
STREET ADDRESS HCR 1 BOX 25
CITY-ST-ZIP MAYO, FL 32066

TITLE D
NAME BOLES, BILLY
STREET ADDRESS 2032 FUSSEL RD.
CITY-ST-ZIP POLK CITY, FL 33868

TITLE S
NAME FRIER, PATRICIA
STREET ADDRESS P.O. BOX 61
CITY-ST-ZIP MAYO, FL 32066

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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:

Broward Frier
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Broward Frier 4/26/08 3862942414

Date

Daytime Phone #