2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# N03000002852

Entity Name: TRIPLE CREEK HUNTING CLUB, INC.

Current Principal Place of Business:

P.O. BOX 1777
MAYO, FL 32066

New Principal Place of Business:

1250 SW CARBER RD
MAYO, FL 32066

Current Mailing Address:

P.O. BOX 1777
MAYO, FL 32066

New Mailing Address:

FEI Number: 06-1635547 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FRIER, BROWARD
CARBUR LANE
MAYO, FL 32066 US

Name and Address of New Registered Agent:

FRIER, BROWARD
1250 SW CARBER RD
MAYO, FL 32066 US

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.

SIGNATURE: _____ 04/28/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: FRIER, BROWARD
Address: P.O. BOX 61
City-St-Zip: MAYO, FL 32066

Title: VD ( ) Delete
Name: ELLISON, STEVE
Address: 7509 PRETTY POND LANE
City-St-Zip: PERRY, FL 32348

Title: TD ( ) Delete
Name: NEWMAN, BILL
Address: P.O. BOX 202
City-St-Zip: SALEM, FL 32356

Title: D ( ) Delete
Name: LAYTON, BOBBY
Address: HCR 1 BOX 25
City-St-Zip: MAYO, FL 32066

Title: D ( ) Delete
Name: BOLES, BILLY
Address: 2032 FUSSEL RD.
City-St-Zip: POLK CITY, FL 33868

Title: S ( ) Delete
Name: FRIER, PATRICIA
Address: P.O. BOX 61
City-St-Zip: MAYO, FL 32066

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: SZANYI, ROBERT
Address: 420 SUNNY RD
City-St-Zip: LAKELAND, FL 33801

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BROWARD FRIER PD 04/28/2009
Electronic Signature of Signing Officer or Director — Date