

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003264

FILED
Jul 01, 2005
Secretary of State

Entity Name: CHOCTAW TOUCHDOWN CLUB, INC.

Current Principal Place of Business:

110 RACETRACK NW.
FT. WALTON BEACH, FL 32547

New Principal Place of Business:

110 RACETRACK ROAD NW
FT. WALTON BEACH, FL 32547

Current Mailing Address:

110 RACETRACK NW.
FT. WALTON BEACH, FL 32547

New Mailing Address:

4 11TH AVENUE
SUITE 2
SHALIMAR, FL 32579

FEI Number: 65-1215456 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KETCHEL, TERRANCE R
126 NE EGLIN PARKWAY
FORT WALTON BEACH, FL 32548 US

Name and Address of New Registered Agent:

CAMPBELL, JAMES
4 11TH AVENUE
SUITE 2
SHALIMAR, FL 32579 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: JAMES CAMPBELL

07/01/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ANDERSON, BEN
Address: 569 O'OMBRE CIRCLE
City-St-Zip: FT. WALTON BEACH, FL 32547

Title: D () Delete
Name: NEALE, WILLIAM
Address: 21 PARADISE POINT ROAD
City-St-Zip: SHALIMAR, FL 32579

Title: D () Delete
Name: DENSMORE, TED
Address: 797 BLVD. OF CHAMPIONS
City-St-Zip: SHALIMAR, FL 32579

Title: D () Delete
Name: PACHECO, KATHY
Address: 60 5TH AVENUE
City-St-Zip: SHALIMAR, FL 32579

Title: D () Delete
Name: JAMIESON, NANCY
Address: 409 NORTH HAMPTON CIRCLE
City-St-Zip: FT. WALTON BEACH, FL 32548

Title: D () Delete
Name: KETCHEL, TERRY
Address: 13 LAKE LORRAINE CIRCLE
City-St-Zip: SHALIMAR, FL 32579

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MOORE, BOBBY
Address: 110 RACETRACK ROAD NW
City-St-Zip: FT. WALTON BEACH, FL 32547

Title: D (X) Change () Addition
Name: GORAY, LELAND
Address: 775 BARLEY PORT LANE
City-St-Zip: FORT WALTON BEACH, FL 32547

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

Title: D (X) Change () Addition
Name: CAMPBELL, JAMES
Address: 60 5TH AVENUE
City-St-Zip: SHALIMAR, FL 32579

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JAMES CAMPBELL

D

07/01/2005

Electronic Signature of Signing Officer or Director

Date