

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000003264

1. Entity Name
CHOCTAW TOUCHDOWN CLUB, INC.



Principal Place of Business
110 RACETRACK ROAD NW
FT. WALTON BEACH, FL 32547

Mailing Address
4 11TH AVENUE
SUITE 2
SHALIMAR, FL 32579



01102006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1215456

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

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IN THIS SPACE**

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, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MOORE, BOBBY
STREET ADDRESS	110 RACETRACK ROAD NW
CITY-ST-ZIP	FT. WALTON BEACH, FL 32547
TITLE	D
NAME	GORAY, LELAND
STREET ADDRESS	775 BARLEY PORT LANE
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547
TITLE	D
NAME	DENSMORE, TED
STREET ADDRESS	797 BLVD. OF CHAMPIONS
CITY-ST-ZIP	SHALIMAR, FL 32579
TITLE	D
NAME	CAMPBELL, JAMES
STREET ADDRESS	60 5TH AVENUE
CITY-ST-ZIP	SHALIMAR, FL 32579
TITLE	D
NAME	JAMIESON, NANCY
STREET ADDRESS	409 NORTH HAMPTON CIRCLE
CITY-ST-ZIP	FT. WALTON BEACH, FL 32548
TITLE	D
NAME	KETCHEL, TERRY
STREET ADDRESS	13 LAKE LORRAINE CIRCLE
CITY-ST-ZIP	SHALIMAR, FL 32579

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01/17/06-80037-015 61.25

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/06

(750) 657-9313