2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State
04-29-2005 90228 013 ****61.25

DOCUMENT # N03000005516

1. Entity Name
SUWANNEE HUNTING CLUB, INC.

Principal Place of Business	Mailing Address
5519 PATSY ANNE DR JACKSONVILLE, FL 32207	5519 PATSY ANNE DR JACKSONVILLE, FL 32207

14008238

04222005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0477537
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BIBBY, BERT E
5519 PATSY ANNE DR
JACKSONVILLE, FL 32207

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	OPFERMANN, STEWART
STREET ADDRESS	2263 SANDRIDGE RD
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043
TITLE	D
NAME	MOORE, LLOYD
STREET ADDRESS	722 BARDIN RD
CITY-ST-ZIP	PALATKA, FL 32177
TITLE	D
NAME	BIBBY, BERT E
STREET ADDRESS	5519 PATSY ANNE DR
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	D
NAME	Moore, Tommy
STREET ADDRESS	100 Moorehaven Trail
CITY-ST-ZIP	Palatka, Fl 32177
TITLE	D
NAME	BROWN, PHIL
STREET ADDRESS	P.O.BOX 339
CITY-ST-ZIP	BOSTWICK, FL 32007
TITLE	D
NAME	WEAVER, LARRY
STREET ADDRESS	11930 COUNTY RD 121
CITY-ST-ZIP	BRYCEVILLE, FL 32009

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12. I hereby certify that the information supplied with this filing does not qualify 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 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: Bert E Bibby 4-25-05 904-733-8891
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #