SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $300)

NONPROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
1995 JUL 13 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N04569** **(2)**

1. Corporation Name
WOODBERRY HUNT CLUB, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
C/O BOB BRANDEWIE 3712 SALLY LANE TALLAHASSEE FL 32312 US	C/O BOB BRANDEWIE 3712 SALLY LANE TALLAHASSEE FL 32312 US

3. Date Incorporated or Qualified: 06/06/1984
3a. Date of Last Report: 05/01/1994
4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 C/O Paul Nicholson	26 C/O Paul Nicholson
Suite, Apt. #, etc. 22 315 Camelia Dr.	Suite, Apt. #, etc. 27 315 Camelia Dr.
City & State 23 Quincy, Florida	City & State 28 Quincy, Florida
Zip 24 32351 Country 25 U.S.A.	Zip 29 32351 Country 30 U.S.A.

9. Name and Address of Current Registered Agent

BRANDEWIE, BOB
3712 SALLY LANE
TALLAHASSEE FL 32312

10. Name and Address of New Registered Agent

31 Name: Nicholson, Paul
32 Street Address (P.O. Box Number is Not Acceptable): 315 Camelia Drive
33
34 City: Quincy FL 35 Zip Code: 32351

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: [signature] President DATE: July 7, 1995
(Corporate officer or director of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☐ Change ☐ Addition
NAME	BRANDEWIE, ROBERT	12 NAME	Nicholson, Paul	
STREET ADDRESS	3712 SALLY LANE	13 STREET ADDRESS	315 Camilia Drive	
CITY-ST-ZIP	TALLAHASSEE FL	14 CITY-ST-ZIP	Quincy, Florida 32351	
TITLE	VD	21 TITLE	V.D.	☒ Change ☐ Addition
NAME	NICHOLSON PAUL	22 NAME	Croley, Doug	
STREET ADDRESS	CAMELIA DR.	23 STREET ADDRESS	2953 Royal Oaks Drive	
CITY-ST-ZIP	QUINCY FL	24 CITY-ST-ZIP	Tallahassee, Florida 32308	
TITLE	STD	31 TITLE	STD	☒ Change ☐ Addition
NAME	DURDEN, BOBBY RAY	32 NAME	Durden, Bobby Ray	
STREET ADDRESS	HIGHWAY 12	33 STREET ADDRESS	P.O. Box 541	
CITY-ST-ZIP	HAVANA FL	34 CITY-ST-ZIP	Havana, Florida 32333	
TITLE	D	41 TITLE	D	☒ Change ☐ Addition
NAME	COLLINSWORTH, ALTO	42 NAME	Collinsworth, Alto	
STREET ADDRESS	1711 MONTICELLO DR.	43 STREET ADDRESS	1711 Monticello, Drive	
CITY-ST-ZIP	TALLAHASSEE FL	44 CITY-ST-ZIP	Tallahassee, Florida 32303	
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	COLLINSWORTH, ALTO	52 NAME		
STREET ADDRESS	1711 NOMTICELLO DR.	53 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 with an address.

SIGNATURE: [signature] Paul Nicholson, President 7/8/95 (904)875-1465
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0002780