2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2004 8:00 am
Secretary of State
02-25-2004 90031 039 ****61.25

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MOORE CR2E037 (11/03)

DOCUMENT # N10632

1. Entity Name
BURNT ISLAND HUNTING CLUB, INC.

Principal Place of Business	Mailing Address
C/O LOUIS W R OWELL P.O. BOX 280 OLD TOWN FL	C/O LOUIS W R OWELL P.O. BOX 280 OLD TOWN FL

2. Principal Place of Business	3. Mailing Address
c/o Mary Fuller	% Mary Fuller
Suite, Apt. #, etc. P.O. Box 280	Suite, Apt. #, etc. P.O. Box 280
City & State Old Town FL.	City & State Old Town FL.
Zip 32680 Country Dixie	Zip 32680 Country Dixie

4. FEI Number 59-3016766 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ROWELL, LOUIS
HC 3 BOX 301
OLD TOWN FL 32680

Deceased

7. Name and Address of New Registered Agent

Name Mary Fuller
Street Address (P.O. Box Number is Not Acceptable) 8730 SW 82nd Terr.
City Trenton FL Zip Code 32693

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 Mary Fuller 3-9-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25 Due By May 1, 2004

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PADGETT, ED 3557 EDS COURT GREEN COVE SPRINGS FL 32043	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP FULLER, PAUL P.O. BOX 1117 TRENTON FL 32693	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FULLET, RICHARD P.O BOX 1117 TRENTON FL 32693	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NELSON, CLIFFORD P.O. BOX 2381 CROSS CITY FL 32628	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NORTHUP, HAROLD HC2 BOX 45 OLD TOWN FL 32680	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHANCEY, JAMES P.O. BOX 198 PERRY FL 32348	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Robin Foster Htc 3, Box 2910 Old Town, Fl 32680 ☐ Change ☒ Addition

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: MARY FULLER 2-20-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #