


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 21, 2006 8:00 am
Secretary of State

07-21-2006 90023 006 ****61.25

DOCUMENT # N17135 1. Entity Name WARREN ISLAND HUNTING CLUB, INCORPORATED			
Principal Place of Business FOLKSTON, G2 2824 STATE ROAD 13 JACKSONVILLE FL 32259 US		Mailing Address 2824 STATE ROAD 13 JACKSONVILLE FL 32259 US	
2. Principal Place of Business Folkston, G2 Suite, Apt. #, etc. no address		3. Mailing Address 2824 ST. Rd. 13 Suite, Apt. #, etc.	
City & State City & State		City & State Jacksonville, Fla.	
Zip 32259	Country U.S.	4. FEI Number 59-2795362	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILSON, JON K 10055 RUSSELL SAMPSON RD JACKSONVILLE FL 32259		7. Name and Address of New Registered Agent Name John m. Hood Street Address (P.O. Box Number is Not Acceptable) 2824 ST. Rd. 13 City Jacksonville FL Zip Code 32259	
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 <u>John m. Hood</u> (NOTE: Registered Agent signature required when reinstating) DATE 7-17-06			
FILE NOW: FEE IS \$61.25 Due By September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D ALBRITTON, LANCE 11262 ENGLISH MOSS LANE JACKSONVILLE FL 32257 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILSON, JON K 10055 RUSSELL SAMPSON RD JACKSONVILLE FL 32259 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOOD, J.M. 2824 SR #13 SWITZERLAND FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOOD, KAY A 2824 STATE RD 13 JACKSONVILLE FL 32259 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILSON, TODD 10070 RUSSELL SAMPSON RD JACKSONVILLE FL 32259 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **John m. Hood** **7-17-06** **904-287-1025**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #