

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

**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**



01162007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2795362**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

~~WOOD, JOHN M~~ **Hood, John M.**  
~~2124 SR RD 13~~ **2824 ST. RD. 13**  
**JACKSONVILLE, FL 32259**

**DO NOT WRITE  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

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

**000000610925  
02/02/07-80040-019 61.25**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	ALBRITTON, LANCE
STREET ADDRESS	11262 ENGLISH MOSS LANE
CITY-ST-ZIP	JACKSONVILLE, FL 32257
TITLE	S
NAME	WILSON, JON K
STREET ADDRESS	10055 RUSSELL SAMPSON RD
CITY-ST-ZIP	JACKSONVILLE, FL 32259
TITLE	P
NAME	HOOD, J.M.
STREET ADDRESS	2824 SR #13
CITY-ST-ZIP	SWITZERLAND, FL
TITLE	T
NAME	HOOD, KAY A
STREET ADDRESS	2824 STATE RD 13
CITY-ST-ZIP	JACKSONVILLE, FL 32259
TITLE	VP
NAME	WILSON, TODD
STREET ADDRESS	10070 RUSSELL SAMPSON RD
CITY-ST-ZIP	JACKSONVILLE, FL 32259
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
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: John M. Hood  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-17-07 904-287-1025  
Date Daytime Phone #