

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17135

FILED
Apr 29, 2009
Secretary of State

Entity Name: WARREN ISLAND HUNTING CLUB, INCORPORATED

Current Principal Place of Business:

FOLKSTON, G2
2824 STATE ROAD 13
JACKSONVILLE, FL 32259 US

New Principal Place of Business:

Current Mailing Address:

2824 STATE ROAD 13
JACKSONVILLE, FL 32259 US

New Mailing Address:

FEI Number: 59-2795362

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, JON K
10055 RUSSELL SAMPSON ROAD
ST. JOHNS, FL 32259 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: ALBRITTON, LANCE
Address: 11262 ENGLISH MOSS LANE
City-St-Zip: JACKSONVILLE, FL 32257

Title: VP () Delete
Name: WILSON, JON K
Address: 10055 RUSSELL SAMPSON RD
City-St-Zip: JACKSONVILLE, FL 32259

Title: T () Delete
Name: WILSON, JANICE R
Address: 10025 RUSSELL SAMPSON ROAD
City-St-Zip: ST. JOHNS, FL 32259

Title: P () Delete
Name: WILSON, TODD
Address: 10070 RUSSELL SAMPSON RD
City-St-Zip: JACKSONVILLE, FL 32259

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JON K. WILSON 04/30/2009

VP

04/29/2009

Electronic Signature of Signing Officer or Director

Date