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

SIGNATURE:

DOCUMENT # N21085 1. Entity Name BERRYHILL HUNTING CLUB, INC.							Feb 03, 2004 08:00 AM Secretary of State				
DENKINI	LL HUNI	ING CLUB, INC.				100					
Principal Place of Business 4436 WOODBINE RD				Mailing Address 4436 WOODBINE RD							
PACE FL 32	2571		PAC	E FL 32571				***************************************		,	
2. Principal Place of Business				3. Mailing Address			_				
Suite, Apt. #, etc.			Su	Suite, Apt. #, etc.			М	OORE (CR2E037	(11/03)	
City & Stat	te		Ci	City & State			4. FEI Number 5	9-2951667			olied For Applicable
Zip	Country		Zi	Zip		untry	5. Certificate of Status Desired See Required				
6. Name and Address of Current							7. Name and Add	ress of New Reg	istered Ag	ent	
CARNLEY, RUSSELL 4436 WOODBINE RD PACE FL 32571						Name Street Address	(P.O. Box Number is t	Not Acceptable)			
FACE 1 E 3237 1						City			FL	Zip Code	
	named entit tions of regis	ty submits this statement tered agent.	for the purp	oose of changing its	register	ed office or registe	ered agent, or both, in	the State of Flori	da. I am fa	niliar with,	and accept
SIGNATURE		d or printed name of registered ag	ent and litte if ap	plicable. (NOT	E. Registere	ed Agent signature require	ed when roinstating)		DATE		······································
FILE NOW: FEE IS \$61.25 9. Election Campaign Due By May 1, 2004 Trust Fund Contribu							\$5.00 May Be Added to Fees			Payable nent of S	
10.		OFFICERS AND	DIRECTORS	}	11.		ADDITIONS/CHANG	ES TO OFFICER	AND DIRE	CTORS IN	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRICKLA 4436 WOO PACE FL	ODBIRE RD.		s		E ME EET ADDRESS '-ST-78P	□ Change □ U00000027767 02/03/04-80059-019 61.25				Addition
TITLE NAME STREET ADDRESS	1	, RUSSELL DOBINE RD				E AL EE! ADDRESS				Change	☐ Addition
TITLE NAME STREET ADDRESS City-St-7ip	D JERRELL,	JOHN DDBIRE RD.		☐ Delete	BIL NAM STR	t t				☐ Change	☐ Addition
TITLE NAME SIREET ADDRESS CITY+SI-ZIP			<u>.</u>	☐ Delete	1					☐ Change	☐ Addition
THTLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Defete		ţ				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		}				☐ Change	Addition
12. I hereby indicated of the co-changed	certify that the control on this reportion or the control of the control of the control on the certific of the	ne information supplied vort or supplemental repo the receiver or trustee er tachment with an addres	with this filing it is true and moowered to is, with all of	does not qualify to accurate and that be execute this report her like empowered	or the exe my signa t as requ t.	emption stated in Sature shall have the lired by Chapter 61	Section 1 19.07(3)(i), File e same legal effect as 17, Florida Statutes; ar	orida Statutes. I f if made under oa nd that my name	urther certi th, that I ar appears in	fy that the ir n an officer Block 10 or	or director Block 11 if

FILED