

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 18, 2004 08:00 AM
Secretary of State**

DOCUMENT # N25322

1. Entity Name
THE PINE LAKE HUNTING CLUB, INC.



Principal Place of Business

**S.R. 53 SOUTH
MADISON, FL 32340 US**

Mailing Address

**PO BOX 328
MADISON, FL 32341 US**



02142004 No Chg-NP

CR2E037 (10/03)

4. FEI Number

59-2961018

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ELLIS, ROY
WEST FARM RD.
LEE, FL 32059**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U00000055676
02/18/04-80014-001 61.25**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PROCTOR, JACK RT. 1, BOX 325 MADISON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, GARRETT PO BOX 688 MADISON, FL 32341
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOWELL, ALAN 201 S RANGE STREET MADISON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEAVY, OPIE RT 3 BOX 1765 MADISON, FL 32340
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ELLIS, ROY RT 1 BOX 2700 LEE, FL 32059
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELLIS, FRANK RT 1 BOX 2700 LEE, FL 32059

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

James A. Proctor **JACK A. PROCTOR** 2-14-04 850-973-2281