

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # N28091

1. Entity Name

BAPTIZING CREEK HUNTING CLUB, INC.



FILED

**Mar 24, 2005 8:00 am
Secretary of State**

03-24-2005 90039 035 ****70.00

Principal Place of Business

% AUBREY JACKSON
PO BOX H90
JAY FL 32565

Mailing Address

% AUBREY JACKSON
PO BOX H90
JAY FL 32565

2. Principal Place of Business

Julius Middleton

3. Mailing Address

Julius Middleton

Suite, Apt. #, etc.

PO Box 567

Suite, Apt. #, etc.

PO Box 567

City & State

Jay Florida

City & State

Jay Florida

Zip

32565

Country

USA

Zip

32565

Country

USA

6. Name and Address of Current Registered Agent

WESTMORELAND, J. LOFTON
220 W. GARDEN ST., FL-9
SUN BAK TOWER
PENSACOLA FL 32598-1792

7. Name and Address of New Registered Agent

George Daniel Stewart

Street Address (P.O. Box Number is Not Acceptable)

9319 Jay 90

City

Pace

FL

Zip Code 32571

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

Julius Middleton

(NOTE: Registered Agent signature required when reinstating)

DATE

March 17/2005

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. \$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 WATSON, ROGER 3354 HWY 4 JAY FL 32565	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Smith Greg 5733 Ballard Rd Milton, FL 32570	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JACKSON, A. B. 4599 CARR RD. JAY FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Nowling, Jerry 4224 Mart Fernigan Rd Jay, Florida 32565	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WESTMORELAND, DALE 103 PINE ST. JAY FL 32565	<input checked="" 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	VD BOUTWELL, DONALD BOX 383, 409 W. ESCAMBIA AVE. JAY 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	D MIDDLETON, JULIUS 2279 NELSONTOWN RD JACKSONVILLE FL 32565	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Middleton, Julius PO Box 567 Jay, FL 32565	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Julius Middleton</i>	<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 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:

Julius Middleton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/18/05 850 675 4638

Date

Daytime Phone #