2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 22, 2006 8:00 am Secretary of State DOCUMENT # N28091 1. Entity Name 02-22-2006 90016 027 ****70.00 BAPTIZING CREEK HUNTING CLUB, INC. Principal Place of Business Mailing Address 400100~* JULIUS MIDDLETON JULIUS MIDDLETON P O BOX 567 P O BOX 567 JAY FL 32565 **JAY FL 32565** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 59-2911051 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WESTMORELAND, J. LOFTON 220 W. GARDEN ST., FL-9 PENSACOLA FL 32598-1792 8. The above named entity submits this statement for the purpose of changing its registered office or registered age both, in the State of Florida. I am familiar with, and accept 2.1.06 FILE NOW: FEE IS \$61:25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TITLE Change Addition WATSON, ROGER NAME NAME 3354 HWY 4 STREET ADDRESS STREET ADDRESS JAY FL 32565 CITY+ST-ZIP CITY-ST-ZIP STD TITLE ☐ Delete TITLE ☐ Change Addition SMITH, GREG NAME NAME 5753 BALLARD RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MILTON FL 32570 CITY-ST-ZIP TITLE ☐ Defete TITI F Change ☐ Addition NOWLING, JERRY NAME STREET ADDRESS 4224 MART JERNIGON RD STREET ADDRESS CITY-ST-ZIP JAY FL 32565 CSTY - ST - Z(F VD ☐ Delete TITLE ☐ Change Addition NAME BOUTWELL, DONALD NAME STREET ADDRESS BOX 383, 409 W. ESCAMBIA AVE. STREET ADDRESS CITY-ST-ZIP JAY FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition MIDDLETON, JULIUS NAME P O BOX 567 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32565 CITY-ST-ZIE CITY - ST - ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

2.1.06

675-6890

FILED