

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 12, 2008 8:00 am**  
**Secretary of State**

02-12-2008 90020 030 \*\*\*\*70.00

**DOCUMENT # N28091**

1. Entity Name

**BAPTIZING CREEK HUNTING CLUB, INC.**



Principal Place of Business

**JULIUS MIDDLETON  
P O BOX 567  
JAY FL 32565**

Mailing Address

**JULIUS MIDDLETON  
P O BOX 567  
JAY FL 32565**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2911051**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**STEWART, DAN  
4519 HWY 90  
PACE FL 32571**

7. Name and Address of New Registered Agent

Name

**Julius Middleton**

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

**4363 Spring Street**

City

**Jay**

FL

Zip Code

**32565**

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**

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2008**

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

TITLE **D** ☐ Delete  
NAME **JERNIGAN, ERNEST**  
STREET ADDRESS **6486 OLD POLLARD RD**  
CITY- ST- ZIP **JAY FL 32565**

TITLE **STD** ☒ Delete  
NAME **SMITH, GREG**  
STREET ADDRESS **5753 BALLARD RD**  
CITY- ST- ZIP **MILTON FL 32570**

TITLE **D** ☐ Delete  
NAME **NOWLING, JERRY**  
STREET ADDRESS **4224 MART JERNIGON RD**  
CITY- ST- ZIP **JAY FL 32565**

TITLE **VD** ☐ Delete  
NAME **BOUTWELL, DONALD**  
STREET ADDRESS **BOX 383, 409 W. ESCAMBIA AVE.**  
CITY- ST- ZIP **JAY FL**

TITLE **P** ☐ Delete  
NAME **MIDDLETON, JULIUS**  
STREET ADDRESS **P O BOX 567**  
CITY- ST- ZIP **JACKSONVILLE FL 32565**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: **Julius Middleton**

**02/05/08** **(850-712-7197)**