




# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2006 8:00 am**  
**Secretary of State**

03-22-2006 90004 033 \*\*\*\*61.25

<b>DOCUMENT # N32320</b> 1. Entity Name TURKEY TOWN HUNTING CLUB, INC.					
Principal Place of Business 451088 STATE ROAD 200 CALLAHAN, FL 32011 US				Mailing Address 11536 WINGATE ROAD NORTH JACKSONVILLE, FL 32218 US	
2. Principal Place of Business		3. Mailing Address 451088 State Road 200			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Callahan, FL		4. FEI Number NOT APPLICABLE	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 32011		Country Nassau		Applied For Not Applicable	
6. Name and Address of Current Registered Agent  MITCHELL, CHARLES A JR 451088 STATE ROAD 200 CALLAHAN, FL 32011				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 		Charles A. Mitchell Jr.		3/11/06	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD MITCHELL, CHARLES A. 451088 STATE ROAD 200 CALLAHAN, FL 32011		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T GEIGER, RUSSELL 11536 WINGATE RD. N. JACKSONVILLE, FL		<input checked="" type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP BOYNT, HARVEY ROUTE 1, BOX 2245 HILLIARD, FL		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD COOPER, WILLIAM 1716 MANDARIN ESTATE DRIVE JACKSONVILLE, FL 32223		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: 		Charles A. Mitchell Jr.		3/11/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	