

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # N32320

1. Entity Name
TURKEY TOWN HUNTING CLUB, INC.



Principal Place of Business
**451088 STATE ROAD 200
CALLAHAN, FL 32011 US**

Mailing Address
**451088 STATE RD 200
CALLAHAN, FL 32011 US**



02082007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MITCHELL, CHARLES A JR
451088 STATE ROAD 200
CALLAHAN, FL 32011**

**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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MITCHELL, CHARLES A. 451088 STATE ROAD 200 CALLAHAN, FL 32011
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAVIS, ROBERT P.O. BOX 478-A HILLIARD, FL 32046
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COOPER, WILLIAM 1716 MANDARIN ESTATE DRIVE JACKSONVILLE, FL 32223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PRICE, JUNIUS T 37961 EASTWOOD RD. HILLIARD, FL 32046
TITLE NAME STREET ADDRESS CITY-ST-ZIP	H DAVIS, RICKY RT. 1 BOX2540 HILLIARD, FL 32046
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000632493
02/21/07-80024-018 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #