


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Feb 01, 2007 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # N42038</b>                                    |  |
| 1. Entity Name<br><b>THE PINE NEEDLE HUNTING CLUB, INC.</b> |   |

|  |  |
|--|--|
| Principal Place of Business<br><b>17409 NEW BRANDY BRANCH ROAD<br/>BALDWIN FL 32234<br/>US</b> | Mailing Address<br><b>17409 NEW BRANDY BRANCH ROAD<br/>BALDWIN FL 32234<br/>US</b> |
|--|--|



|   |         |   |         |
|---|---------|---|---------|
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc. |         | 3. Mailing Address<br><br>Suite, Apt. #, etc. |         |
| City & State  |         | City & State                                  |         |
| Zip   | Country | Zip   | Country |

1st MOORE CR2E037 (10/06)

4. FEI Number **59-3146083** Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

|  |
|--|
| 6. Name and Address of Current Registered Agent<br><br><b>BUSCH, ROBERT L. &amp; ASSOCIATES, P.A.<br/>369 NORTH CENTER STREET<br/>BALDWIN FL 32234</b> |
|--|

|  |             |
|--|-------------|
| 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>HARRIS, VERNON<br>17409 BRANDY BRANCH RD<br>BALDWIN FL <input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>U00000616913<br/>02/07/07-80052-014 61.25</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DS<br>BARBER, JOHN<br>RT. 24 BOX 460<br>BALDWIN FL <input type="checkbox"/> Delete                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DT<br>HARRIS, BRET LAND<br>340 CANAL ROAD<br>JACKSONVILLE FL 32234 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DT<br>HARRIS, BRET LAND R<br>340 CANAL ST<br>JACKSONVILLE FL 32234 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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 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: Vernon Harris Vernon Harris's-DP 1-28-07 904 266-4968