

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90025 033 ****61.25

DOCUMENT # N50853

1. Entity Name

APALACHEE COURSING CLUB, INC.



Principal Place of Business

9301 ROSE RD
TALLAHASSEE FL 32311
US

Mailing Address

9301 ROSE RD
TALLAHASSEE FL 32311
US

2. Principal Place of Business

14/A

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3237628

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HITT, ELISE M
9301 ROSE ROAD
TALLAHASSEE FL 32311

7. Name and Address of New Registered Agent

Name

- Same as 6

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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 NAME STREET ADDRESS CITY-ST-ZIP	T HITT, ELISE M 9301 ROSE ROAD TALLAHASSEE FL 32311	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHRISTIE, SUE 8 ROCKY BLUFF TRAIL CRAWFORDVILLE FL 32327	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAVIS, PAM 1578 GAINEY RD CAIRO GA 31728	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HITT, K.W. 9301 ROSE ROAD TALLAHASSEE FL 32311	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRUNTLETT, JOHN 5421 WW KELLY RD. TALLAHASSEE FL 32311	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORBEZ, TONY 4868 NE 90TH PLAZA WILDWOOD FL 34785	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DALE JACKSON 6416 DANCERS IMAGE TRAIL TALLAHASSEE FL 32311	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHRISTIE, SUE 8 ROCKY BLUFF TRAIL (ROCKY) CRAWFORDVILLE FL 32327	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Elise M. Hitt* ELISE M. HITT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-04 850-878-9581

Date

Daytime Phone #