2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2006 8:00 am
Secretary of State
07-14-2006 90022 007 ****61.25

DOCUMENT # N50853

1. Entity Name
APALACHEE COURSING CLUB, INC.

Principal Place of Business	Mailing Address
9301 ROSE RD TALLAHASSEE, FL 32311 US	9301 ROSE RD TALLAHASSEE, FL 32311 US

07012006 Chg-NP CR2E037 (4/06)

2. Principal Place of Business	3. Mailing Address
AS ABOVE	AS ABOVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country USA LEON	Zip / Country USA

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	7. Name and Address of New Registered Agent
HITT, ELISE M 9301 ROSE ROAD TALLAHASSEE, FL 32311	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 6, 2006

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	T	☐ Delete	TITLE	S	☐ Change ☒ Addition
NAME	HITT, ELISE M		NAME	ALICE LUBBERS	
STREET ADDRESS	9301 ROSE ROAD		STREET ADDRESS	3527 LEIGHTON HALL CT	
CITY-ST-ZIP	TALLAHASSEE, FL 32311		CITY-ST-ZIP	TALLAHASSEE FL 32309	
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	JACKSON, DALE		NAME		
STREET ADDRESS	6416 DANCERS IMAGE TRAIL		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32311		CITY-ST-ZIP		
TITLE	VP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	CHRISTIE, SUE		NAME		
STREET ADDRESS	8 ROCKY BLUFF TRAIL		STREET ADDRESS		
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HITT, K.W.		NAME		
STREET ADDRESS	9301 ROSE ROAD		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32311		CITY-ST-ZIP		
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BRUNTLETT, JOHN		NAME		
STREET ADDRESS	5421 WW KELLY RD.		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32311		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	FORBES, TONY		NAME		
STREET ADDRESS	4868 NE 90TH PLAZA		STREET ADDRESS		
CITY-ST-ZIP	WILDWOOD, FL 34785		CITY-ST-ZIP		

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: Elise M Hitt ELISE M. HITT 7-12-06 850-878-958
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #