2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 12, 2007 8:00 am Secretary of State

DOCUMENT # N50853 1. Entity Name APALACHEE COURSING CLUB, INC.					02-12-2007 90092 050 ****61.25						
Principal Place 9301 ROSE I TALLAHASSE	RD OS	Mailing Address 9301 ROSE RD TALLAHASSEE, FL 32311 US			وَقِيْنَ الْمُنْ الْم	ı məmis dənəsi dilibis	.	erride des ausus			
Principal Place of Business - No P.O. Box # 3		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01122007 CI	hg-NP	CR2E037	7 (12/06)				
City & State	<u>;</u>	City & State			4. FEI Number 59-323762	28		<u> </u>	plied For t Applicable		
Zip	Country	Zip	Cou	ntry	5. Certificate of Status Desired See Required						
	6. Name and Address of Current	Registered Agent			7. Name and Add	ress of New R	egistered A	gent			
HITT, ELISE M 9301 ROSE ROAD				Name Street Address (P.O. Box Number is Not Acceptable)							
TALLAHAS	SSEE, FL 32311		1		 						
ř.				City FL Zip Code							
	named entity submits this statement fo	r the purpose of changing its	registere	ed office or registe	red agent, or both, in	the State of Flo	orida. I am fa	amiliar with,	and accept		
the obligations of registered agent.											
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered	d Agent signature require	d when remetating)		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 Make check payable to Florida Department of State					
10.	OFFICERS AND DI	RECTORS	11.	1	ADDITIONS/CHANG	ES TO OFFICE			10		
TITLE NAME	•	□ .							T		
	HITT, ELISE M	☐ Delete	TITLE NAME STREE		102 LU	BBERS	5	□ Change	Addition		
STREET ADDRESS CITY-ST-ZIP	HITT, ELISE M 9301 ROSE ROAD TALLAHASSEE, FL 32311	☐ Delete	NAME STREE	ET ADDRESS 3	527 LEI	gh ton	HALL	. 27			
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14. I releasy carry that the information supplied with first into does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that it is 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 eath; 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:	Elisa	on Nutt	2-7-07	850-878-9581
	SIGNATURE AND TYPED OR PR	INTED NAME OF BIGHING OFFICER OR DIRECTOR	Dete	Daytime Phone #