

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 23, 1999 8:00 am**  
**Secretary of State**

03-23-1999 90009 041 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

**DOCUMENT # N51145**

1. Corporation Name

**WOLF CREEK HUNTING CLUB, INC.**

Principal Place of Business

**3120 JESS WHITFIELD RD.  
MILTON FL 32570**

Mailing Address

**3120 JESS WHITFIELD RD.  
MILTON FL 32570**



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
<b>21</b>	<b>26</b>	<b>09/30/1992</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
<b>22</b>	<b>27</b>	<b>59-3147727</b>
City & State	City & State	Applied For
<b>23</b>	<b>28</b>	<b>Not Applicable</b>
Zip	Zip	5. Certificate of Status Desired <input type="checkbox"/>
<b>24</b>	<b>29</b>	<b>\$8.75 Additional Fee Required</b>
Country	Country	6. Election Campaign Financing
<b>25</b>	<b>30</b>	<b>\$5.00 May Be Added to Fees</b>
		Trust Fund Contribution <input type="checkbox"/>

9. Name and Address of Current Registered Agent

**LUNSFORD, JAMES  
3120 JESS WHITFIELD RD.  
MILTON FL 32570**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	<b>LUNSFORD, JAMES</b>	1.2 NAME	
STREET ADDRESS	<b>3120 JESS WHITFIELD RD.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MILTON FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>STD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	<b>ROWELL, ROGER</b>	2.2 NAME	
STREET ADDRESS	<b>3163 LEWIS RD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MILTON FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	<b>ELLIS, GENE</b>	3.2 NAME	
STREET ADDRESS	<b>RT 1 BOX 483</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JAY FL</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Roger Rowell**

**3/23/99 (850) 484-5050**

Date

Telephone Phone #