

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 09, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N51145**

1. Entity Name  
**WOLF CREEK HUNTING CLUB, INC.**



Principal Place of Business  
**3163 LEWIS RD  
MILTON, FL 32570**

Mailing Address  
**3163 LEWIS RD  
MILTON, FL 32570**

**DO NOT WRITE IN THIS SPACE**



02162007 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**59-3147727**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**ASHWORTH, RANDALL  
3700 LEWIS ROAD  
MILTON, FL 32570**

**DO NOT WRITE  
IN THIS SPACE**

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 resigning) 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**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	MINNICK, JOHN
STREET ADDRESS	2560 PLEASANT VALLEY DR.
CITY-ST-ZIP	CANTONMENT, FL 32533
TITLE	STD
NAME	ROWELL, ROGER
STREET ADDRESS	3163 LEWIS RD
CITY-ST-ZIP	MILTON, FL
TITLE	PD
NAME	ASHWORTH, RANDALL
STREET ADDRESS	3700 LEWIS ROAD
CITY-ST-ZIP	MILTON, FL 32570
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000661825  
03/20/07-80058-001 61.25

**DO NOT WRITE  
IN THIS SPACE**

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: *Rogers*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/06/07  
Date

850-981-2821 *Wk.*  
Daytime Phone #