

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2005 08:00 AM
Secretary of State

DOCUMENT # N93000005068

1. Entity Name
NICHOLS CREEK HUNTING CLUB, INC.



Principal Place of Business

10162 SOMERSET LANE
MILTON, FL 32583

Mailing Address

10162 SOMERSET LANE
MILTON, FL 32583



01052005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3218128

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

SOMERSET, FRANCINE
10162 SOMERSET LANE
MILTON, FL 32583

**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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution.



**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SOMERSET, FRANCINE
STREET ADDRESS 10162 SOMERSET LANE
CITY- ST- ZIP MILTON, FL 32583

TITLE VD
NAME ETHERIDGE, IRENE
STREET ADDRESS 5063 PAULINE STREET
CITY- ST- ZIP MILTON, FL 32583

TITLE DST
NAME GEORGIADES, CYNTHIA
STREET ADDRESS 9762 SOUTH TRACE ROAD
CITY- ST- ZIP MILTON, FL 32583

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
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TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

U000000178892
01/12/05-80047-003 70.00

**DO NOT WRITE
IN THIS SPACE**

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: Francine Somerset
Francine Somerset

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/05

Date

850-623-9465

Daytime Phone #