


FILE NOW: FILING FEE IS \$61.25

FILED  
May 12 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000005568 (1)**

1. Corporation Name

**WILLIAMS DITCH HUNTING CLUB, INC.**



Principal Place of Business <b>2700 PARKER ROAD CANTONMENT FL 32533</b>	Mailing Address <b>2700 PARKER ROAD CANTONMENT FL 32533</b>
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2. Principal Place of Business 21 <b>2700 Parker Road</b> Suite, Apt. #, etc.	2a. Mailing Address 25 <b>2700 Parker Road</b> Suite, Apt. #, etc.
22 City & State 23 <b>Cantonment FL</b> 24 Zip <b>32533</b>	27 City & State 28 <b>Cantonment, FL</b> 29 Zip <b>32533</b> 30 Country <b>Escambia</b>

3. Date Incorporated or Qualified <b>12/10/1993</b>
4. FEI Number <b>NOT APPLICABLE</b>
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>N/A</b>

9. Name and Address of Current Registered Agent <b>PARKER, TED W 2700 PARKER ROAD CANTONMENT FL 32533</b>	10. Name and Address of New Registered Agent 81 Name <b>Ted W. Parker</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>2700 Parker Road</b> 83 84 City <b>Cantonment</b> 85 Zip Code <b>FL 32533</b>
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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 **Ted Parker** Director **Ted Parker** **4/30/98**  
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>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TED W. PARKER,</b>	1.2 NAME	
STREET ADDRESS	<b>2700 PARKER RD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CANTONMENT FL 32533</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LOUISE PARKER,</b>	2.2 NAME	
STREET ADDRESS	<b>2700 PARKER RD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CANTONMENT FL 32533</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILLIE PARKER,</b>	3.2 NAME	
STREET ADDRESS	<b>1910 WILLIAMS DITCH RD.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CANTONMENT FL 32533</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Addition
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"/> Addition
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.

SIGNATURE: **Ted Parker** Director **Ted Parker** **4/30/98** (850) 969-5374

CR2E037 (10/97)