

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007 8:00 am
Secretary of State

01-19-2007 90028 023 ****61.25

DOCUMENT # N94000003519

1. Entity Name
BIG CREEK HUNTING CLUB, INC.



Principal Place of Business
6949 MOBILE HIGHWAY
PENSACOLA, FL 32526

Mailing Address
P O BOX 37159
PENSACOLA, FL 32526 US

00000854



01122007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3277482 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WHITE, JAMES H SR
6949 MOBILE HIGHWAY
PENSACOLA, FL 32526

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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, 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 DIRECTORS

| | | |
|-----------------|-----------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | WHITE, JAMES H SR | |
| STREET ADDRESS | 590 LANDERS ST | |
| CITY - ST - ZIP | CANTONMENT, FL 32533 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | LONG, JERRY | |
| STREET ADDRESS | 2665 SOLODOS FAMILIAF | |
| CITY - ST - ZIP | PENSACOLA, FL 32534 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | WHITE, JAMES H JR | |
| STREET ADDRESS | 2070 DOVEFIELD DR | |
| CITY - ST - ZIP | PENSACOLA, FL 32534 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|-----------------|-----------------------|--|
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | James H White Sr | |
| STREET ADDRESS | 3411 Pine Forest Road | |
| CITY - ST - ZIP | Cantonment FL 32533 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

James H White Jr
01.12.07 (850)944 5810