

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N94000004102**

1. Entity Name  
**INDIAN FORD HUNTING CLUB, INC.**



Principal Place of Business  
**P.O. BOX 3516  
MILTON, FL 32572**

Mailing Address  
**P.O. BOX 3516  
MILTON, FL 32572**



04212004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For

Not Applicable

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

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

**ROBINSON, DONALD J  
6280 COLLEGE PKWY  
PENSACOLA, FL 32504**

**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, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**U000000147505  
05/03/04-80110-004 61.25**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	HILBURN, COLEN M
STREET ADDRESS	4203 CELTIC CIRLCE
CITY-ST-ZIP	MILTON, FL 32583
TITLE	D
NAME	HUSSEY, DEHYRL W
STREET ADDRESS	7364 AUSTIN DR
CITY-ST-ZIP	MILTON, FL 32583
TITLE	D
NAME	CLARK, CHARLES E
STREET ADDRESS	116 ALICE STREET
CITY-ST-ZIP	PENSACOLA, FL 32505
TITLE	D
NAME	CLARK, JIMMY H SR
STREET ADDRESS	7934 PARKER RD.
CITY-ST-ZIP	MILTON, FL 32570
TITLE	STD
NAME	ROBINSON, DONALD J
STREET ADDRESS	6280 COLLEGE PKWY
CITY-ST-ZIP	PENSACOLA, FL 32504
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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)(l), 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:**

*Donald J. Robinson* **Donald J. Robinson STD**

**4-21-04 850-382-0915**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #