2006 NOT-FOR-PROFIT CORPORATION

FILED Apr 03, 2006 8:00 am Secretary of State 02-27-2006 90094 039 ****61.25

DOCUMENT # N9400004102 1. Entity Name INDIAN FORD HUNTING CLUB, INC.													
Principal Place of Business P.O. BDX 3516 MILTON, FL 32572				Mailing Address P.O. BOX 3516 MILTON, FL 32572					66008289				
Principal Place of Business 3. Mailing Address													
Suite, Apt. #, etc.				Suite, Apt. #. etc.					02092006 _C	hg-NP	CR2E0	37 (11/05)	
City & State				City & State					4. FEI Number NOT APPLI	CABLE			oplied For of Applicable
Zip	Country			Zip		Cou	Country		5. Certificate of S			\$8.75 Add Fee Require	ditional id
6. Name and Address of Current Registered Agent ROBINSON, DONALD J 6280 COLLEGE PKWY PENSACOLA, FL 32504							Street A	Ke ddress (F	7. Name and Add	55E.S	e)	Zip Cool	
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 Signare, topic or procedures agent. UNDTE: (Imputered Agent sequence when remarkangs) DATE													
Filing Fee is \$61.25 Due by May 1, 2006 9. Election Campaign Financing Trust Fund Contribution.									\$5.00 May Be Added to Fees			k payable to unent of Si	
10. IITLE NAME SIREFI ADDRESS CITY-SI-ZIP	D Delde HILBURN, COLEN M 4203 CELTIC CIRLCE MILTON, FL 32583						E Et adopess -S1-Zup	57	oditions/change		, DR	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	7364 AUS	DEHRYL W TIN DR FL 32583			O Delete	1						☐ Change	Addition
IITLE NAME STREET ADDRESS CITY-SI-ZIP	116 ALICE	HARLES E STREET DLA, FL 3250	05 <u>. </u>		☐ Deteta					-		Change	Addition
TITLE	D CLARK, JI 7934 PAR MILTON, I		P		☐ Delata							Change	Addition
ITTLE KAME STREET ADDRESS CITY-ST-ZIP	6280 COL	N, DONALD . LEGE PKWY DLA, FL 3250			2-Bekts		I					□ Change	Addition
TITLE HAME STREET ADDRESS CITY-ST-ZIP					□ Ocicia	• • • •				<u>-</u>		Change	Addition
indicated	12. Thereby certify that the information supplied with this filling 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.												
SIGNAT	URE: _	WIV	MI	A (soun 1	<u> 272 - </u>	K	12.	2-1	0-06	<u>850-</u>	983-2	422