

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90017 014 ****61.25

DOCUMENT # N95000004510

1. Entity Name

FORTNER HUNTING CLUB, INC.



Principal Place of Business

**6469 DANIEL GRIFFIS ROAD
JAY FL 32565**

Mailing Address

**6469 DANIEL GRIFFIS ROAD
JAY FL 32565**

54018637



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3345146

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CARDEN, MILLARD
6469 DANIEL GRIFFIS ROAD
JAY FL 32565**

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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** ☐ Delete
NAME **CARDEN, CHARLES**
STREET ADDRESS **6469 DANIEL GRIFFIS ROAD**
CITY-ST-ZIP **JAY FL 32565**

TITLE **D** ☐ Delete
NAME **HAWSEY, JACKY**
STREET ADDRESS **6469 DANIEL GRIFFIS ROAD**
CITY-ST-ZIP **JAY FL 32565**

TITLE **D** ☐ Delete
NAME **HULLETT, DAVID**
STREET ADDRESS **6469 DANIEL GRIFFIS RD**
CITY-ST-ZIP **JAY FL**

TITLE **P** ☐ Delete
NAME **CARDEN, MILLARD**
STREET ADDRESS **6469 DANIEL GRIFFIS ROAD**
CITY-ST-ZIP **JAY FL 32565**

TITLE **V** ☐ Delete
NAME **ROBERTS, TIM**
STREET ADDRESS **6469 DANIEL GRIFFIS ROAD**
CITY-ST-ZIP **JAY FL 32565**

TITLE **ST** ☐ Delete
NAME **DOYLE HUNTER**
STREET ADDRESS **6469 DANIEL GRIFFIS RD**
CITY-ST-ZIP **JAY FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Millard Carden

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-13-04