

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 18, 2005 08:00 AM
Secretary of State**

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**



01122005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3345146	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

UN00000182054
01/19/05-80012-017 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARDEN, CHARLES 6469 DANIEL GRIFFIS ROAD JAY, FL 32565
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAWSEY, JACKY 6469 DANIEL GRIFFIS ROAD JAY, FL 32565
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HULLETT, DAVID 6469 DANIEL GRIFFIS RD JAY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARDEN, MILLARD 6469 DANIEL GRIFFIS ROAD JAY, FL 32565
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROBERTS, TIM 6469 DANIEL GRIFFIS ROAD JAY, FL 32565
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DOYLE HUNTER 6469 DANIEL GRIFFIS RD JAY, FL

**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)(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 (Millard Carden)*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-12-05