

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # N96000003981**

1. Entity Name

TWO GATE HUNTING CLUB, INC.



Principal Place of Business

151506 CR 108  
PO BOX 781  
HILLIARD, FL 32046-0781

Mailing Address

PO BOX 781  
HILLIARD, FL 32046-0781



03132007 No Chg-NP

CR2E037 (4/06)

**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

ROBERTSON, WESLEY A  
37320 BULFORD ROAD  
HILLIARD, FL 32046-6900

**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, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE DP  
NAME CARTER, ROBERT T  
STREET ADDRESS 106 MARSHALL LN  
CITY-ST-ZIP HILLIARD, FL 320466988

TITLE DVP  
NAME CARUTHERS, WAYNE  
STREET ADDRESS 451096 OLD DIXIE HWY  
CITY-ST-ZIP CALLAHAN, FL 320116652

TITLE DST  
NAME ROBERTSON, WESLEY A  
STREET ADDRESS 37320 BULFORD ROAD  
CITY-ST-ZIP HILLIARD, FL 320466900

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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05/01/07-80032-001 70.00

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:**

*Wesley A. Robertson* Wesley A. Robertson 4-16-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(904) 813-3162

Daytime Phone #