

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**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**



04232008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

000000930851  
05/21/08-80124-022 70.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CARTER, ROBERT T 106 MARSHALL LN HILLIARD, FL 320466988
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP CARUTHERS, WAYNE 451096 OLD DIXIE HWY CALLAHAN, FL 320116652
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST ROBERTSON, WESLEY A 37320 BULFORD ROAD HILLIARD, FL 320466900
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 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 4-21-08 (904) 813-3162  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #