

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

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # N97000000809

1. Entity Name
THE PALATKA SKEET CLUB, INC.



Principal Place of Business

**301 SKEET CLUB ROAD
PALATKA, FL 32178-1546 US**

Mailing Address

**PO BOX 1546
PALATKA, FL 32178-1546**



04042008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3483213

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ROBSON, DAVID K. JR
178 RIVERWOOD TERRACE
ORANGE PARK, FL 32003**

**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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

0000000865975
04/18/08-20036-010 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FERTIG, WILLIAM
352 COLLEGE DR
MIDDLEBURG, FL 32068**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
COLEMAN, LINDA
5775 MAVERICK RD
MIDDLEBURG, FL 32068**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
JOHNSTONE, GEORGE S
12016 STACY SCOTT COURT
JACKSONVILLE, FL 32223**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TSD
ROBSON, DAVID K
178 RIVERWOOD TERRACE
ORANGE PARK, FL 32003**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
FRENCH, TERRY
108 BETSY ROSS PL
SATSUMA, FL 32189**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BAKER, JAMES
148 SMITH LANE
SATSUMA, FL 32189**

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-08

Date

904 278 2678

Daytime Phone #