

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N97000003421

1. Entity Name
WALLABY RANCH HANG GLIDING CLUB, INC.



Principal Place of Business
1805 DEAN STILL ROAD
DAVENPORT, FL 33837-9358

Mailing Address
ATTN: JOHN A. JONES
POST OFFICE BOX 1288
TAMPA, FL 33602

FILED

06 FEB -7 PM 12:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01062006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	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

INTRASTATE REGISTERED AGENT CORP.
701 BRICKELL AVE., STE. 3000
MIAMI, FL 33131

**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, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	JONES, MALCOLM A
STREET ADDRESS	1805 DEAN STILL ROAD
CITY - ST - ZIP	DAVENPORT, FL 338379358
TITLE	D
NAME	SHERROD, RODGER
STREET ADDRESS	1805 DEAN STILL ROAD
CITY - ST - ZIP	DAVENPORT, FL 338379358
TITLE	D
NAME	BEATTY, T J
STREET ADDRESS	1805 DEAN STILL ROAD
CITY - ST - ZIP	DAVENPORT, FL 338379358
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

100066555171
02/24/06--01013--026 **61.25

**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 Malcolm Jones 1-24-06 863-424-0070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #