

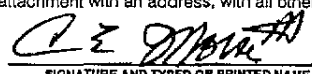


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 08, 2004 08:00 AM
Secretary of State

DOCUMENT # N97000004474 1. Entity Name JACK CREEK SPORTSMEN'S CLUB, INC.		
Principal Place of Business 2479 S HWY 73 MARIANNA, FL 32446	Mailing Address 2479 S HWY 73 MARIANNA, FL 32446	
DO NOT WRITE IN THIS SPACE		 01292004 No Chg-NP CR2E037 (10/03)
		4. FEI Number NOT APPLICABLE Applied For <input checked="" type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
MORSE, CHARLES 2479 S HWY 73 MARIANNA, FL 32446		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MORSE, CHARLES 2479 S HWY 73 MARIANNA, FL 32446	DO NOT WRITE IN THIS SPACE 000000081755 03/08/04-80162-018 70.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD ROLAND, RABON 4858 DONNA DR MARIANNA, FL 32446	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MITHCELL, JOHN 4427 WOODBROOK DR MARIANNA, FL 32446	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MORSE, CHARLES L 887 CASCADE LN MARIANNA, FL 32448	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		2-26-04 850-526-8445 <small>Date Daytime Phone #</small>