

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

FILED

**Mar 15, 2004 08:00 AM
Secretary of State**

DOCUMENT # N98000003156

1. Entity Name
WILLIAMS LAKE AREA HUNTING CLUB, INC.



Principal Place of Business
**12778 CHUMUCKLA HWY.
JAY, FL 32565**

Mailing Address
**12778 CHUMUCKLA HWY.
JAY, FL 32565**



03012004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3549414

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DIAMOND, JOHN MARSHALL
12778 CHUMUCKLA HWY.
JAY, FL 32565**

**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

3-12-04

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**U00000089265
03/15/04-80084-025 70.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HAWTHORNE, RONNIE
5624 FIRESTONE DRIVE
PACE, FL 32571**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DIAMOND, JOHN M
12778 CHUMUCKLA HWY.
JAY, FL 32565**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HAWTHORNE, WAYNE
4227 MORRISTOWN ROAD
JAY, FL 32565**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GOMILLION, TONY
5324 BOB SIKES BLVD.
JAY, FL 32565**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HUDSON, MARSHALL
4207 MORRISTOWN ROAD
JAY, FL 32565**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MILLER, LOMAX
HIGHWAY 164
JAY, FL 32565**

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *John M Diamond*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-04 850-675-6480
Date Daytime Phone #