


**-2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2006 08:00 AM
Secretary of State

DOCUMENT # N98000003156 1. Entity Name WILLIAMS LAKE AREA HUNTING CLUB, INC.	
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Principal Place of Business 12778 CHUMUCKLA HWY. JAY, FL 32565	Mailing Address 12778 CHUMUCKLA HWY. JAY, FL 32565
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02202006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FCI Number 59-3549414	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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8. Name and Address of Current Registered Agent DIAMOND, JOHN MARSHALL 12778 CHUMUCKLA HWY. JAY, FL 32565
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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 registering) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

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

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 184 JAY, FL 32565

<p>11111111111584 03/07/06 80009-007 20.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

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: John M Diamond **2-20-06** **850-675-6480**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #