


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

FILED
Mar 20, 2008 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
--	--

DO NOT WRITE IN THIS SPACE



03202008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3549414	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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 reappointing) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	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	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

U000000864981
04/07/08-80009-020 70.00

**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 817, 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* *John M. Diamond* **3/21/08** **850-675-6480**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #