2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001418

City-St-Zip:

QUINCY, FL 32351

Entity Name: MORGAN SWAMP HUNT CLUB, INC.

FILED Mar 21, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1949 CELTIC DRIVE 1949 CELTIC DRIVE TALLAHASSEE, FL 32311 TALLAHASSEE, FL 32317 **Current Mailing Address: New Mailing Address:** 1949 CELTIC DRIVE 1949 CELTIC DRIVE TALLAHASSEE, FL 32311 TALLAHASSEE, FL 32317 FEI Number: 59-3711041 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RUDD, RAY 1949 CELTIC ROAD TALLAHASSEE, FL 32317 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: TSD () Change () Addition () Delete KOLIAS, GEORGE C Name: Name: Address: 2332 LIMERICK DR. Address: City-St-Zip: TALLAHASSEE, FL 32309 City-St-Zip: Title: PM () Delete Title: PM (X) Change () Addition Name: RUDD, RAY Name: RUDD, RAY Address: 1949 CELTIC DR. Address: 1949 CELTIC DR. City-St-Zip: TALLAHASSEE, FL 32311 City-St-Zip: TALLAHASSEE, FL 32317 Title: VPD () Delete Title: () Change () Addition NOLES, SHAWN Name: Name: 1527 BRIMSTONE RIDGE Address: Address: City-St-Zip: TALLAHASSEE, FL 32312 City-St-Zip: Title: () Delete Title: () Change () Addition Name: WHITE, SKEET Name: 440 NORTH CALHOUN STREET Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: RAY RUDD PM 03/21/2004