2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001418

Entity Name: MORGAN SWAMP HUNT CLUB, INC.

FILED Apr 25, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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1949 CELTIC DRIVE 1949 CELTIC ROAD TALLAHASSEE, FL 32317 TALLAHASSEE, FL 32317

Current Mailing Address: New Mailing Address:

1949 CELTIC DRIVE 1949 CELTIC ROAD TALLAHASSEE, FL 32317 TALLAHASSEE, FL 32317

FEI Number: 59-3711041 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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:

Clastera is Cinneting of Decistors of August

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPTD () Delete Title: VPTD (X) Change () Addition

 Name:
 KOLIAS, GEORGE C
 Name:
 KOLIAS, GEORGE C

 Address:
 2332 LIMERICK DR.
 Address:
 PO BOX 10767

 City-St-Zip:
 TALLAHASSEE, FL 32309
 City-St-Zip:
 TALLAHASSEE, FL 32302

Title: PM () Delete Title: PM (X) Change () Addition

 Name:
 RUDD, RAY
 Name:
 RUDD, RAY

 Address:
 1949 CELTIC DR.
 Address:
 1949 CELTIC ROAD

 City-St-Zip:
 TALLAHASSEE, FL 32317
 City-St-Zip:
 TALLAHASSEE, FL 32317

Title: D () Delete Title: () Change () Addition

 Name:
 ADAMS, TIM
 Name:

 Address:
 7881 SALE STREET
 Address:

 City-St-Zip:
 SNEADS, FL 32460
 City-St-Zip:

 $\label{eq:time_special} \mbox{Title:} \qquad \mbox{SD} \qquad \mbox{() Delete} \qquad \qquad \mbox{Title:} \qquad \mbox{() Change () Addition}$

 Name:
 WHITE, SKEET
 Name:

 Address:
 440 NORTH CALHOUN STREET
 Address:

 City-St-Zip:
 QUINCY, FL 32351
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

SIGNATURE: RAY RUDD PM 04/25/2006