2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2008
Secretary of State

DOCUMENT# N99000001418

Entity Name: MORGAN SWAMP HUNT CLUB, INC.

Current Principal Place of Business:

1949 CELTIC ROAD
TALLAHASSEE, FL 32317

New Principal Place of Business:

Current Mailing Address:

1949 CELTIC ROAD
TALLAHASSEE, FL 32317

New Mailing Address:

FEI Number: 59-3711041 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

RUDD, RAY
1949 CELTIC ROAD
TALLAHASSEE, FL 32317 US

Name and Address of New Registered Agent:

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:

Title: VPTD ( ) Delete
Name: KOLIAS, GEORGE C
Address: PO BOX 10767
City-St-Zip: TALLAHASSEE, FL 32302

Title: PM ( ) Delete
Name: RUDD, RAY
Address: 1949 CELTIC ROAD
City-St-Zip: TALLAHASSEE, FL 32317

Title: D ( ) Delete
Name: ADAMS, TIM
Address: 7881 SALE STREET
City-St-Zip: SNEADS, FL 32460

Title: SD ( ) Delete
Name: WHITE, SKEET
Address: 440 NORTH CALHOUN STREET
City-St-Zip: QUINCY, FL 32351

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 T RUDD RA 07/05/2008

Electronic Signature of Signing Officer or Director — Date