2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2004
Secretary of State

DOCUMENT# N99000001804

Entity Name: NORTH FLORIDA COON HUNTING CLUB INC.

Current Principal Place of Business:

18525 SW 46TH AVENUE
ARCHER, FL 32618

New Principal Place of Business:

Current Mailing Address:

18525 SW 46TH AVENUE
ARCHER, FL 32618

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HUBER, DUDLEY A
18525 SW 46TH AVENUE
ARCHER, FL 32618

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:	SD	( ) Delete
Name:	BURKETT, BOBBY	
Address:	RR 1 BOX 458	
City-St-Zip:	WHITE SPRINGS, FL 32096	
Title:	PD	( ) Delete
Name:	KIRBY, JOEL	
Address:	RR 5 4130	
City-St-Zip:	LAKE BUTLER, FL 32054	
Title:	VD	( ) Delete
Name:	HARRISON, RANDALL	
Address:	RT. 21 BOX 5301	
City-St-Zip:	LAKE CITY, FL 32024	
Title:	T	( ) Delete
Name:	HUBER, DUDLEY	
Address:	18525 SW 46TH AVENUE	
City-St-Zip:	ARCHER, FL 32618	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	PD	(X) Change ( ) Addition
Name:	HAMMOCK, ALAN D	
Address:	RR 3 BOX 214-M	
City-St-Zip:	LAKE BUTLER, FL 32054	
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 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.

SIGNATURE: DUDLEY HUBER T 04/01/2004

Electronic Signature of Signing Officer or Director — Date