

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000110027

1. Entity Name
NUTALL RISE HUNTING & FISHING CLUB, INC.



Principal Place of Business
**1625 DUNN RD
QUITMAN, GA 31643**

Mailing Address
**PO BOX 2
QUITMAN, GA 31643**

DO NOT WRITE IN THIS SPACE



01292007 No Chg-P CR2E034 (11/05)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SCHNITKER, CLAY
901 W. BASE STREET
MADISON, FL 32340**

**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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WELTZBARKER, DOYLE
STREET ADDRESS	301 PLANTATION DRIVE
CITY-ST-ZIP	QUITMAN, GA 31643
TITLE	D
NAME	WILLIAMS, GRADY
STREET ADDRESS	702 NORTH COURT STREET
CITY-ST-ZIP	QUITMAN, GA 31643
TITLE	D
NAME	LAURIE, GAVIN
STREET ADDRESS	1575 MOULTRIE HIGHWAY
CITY-ST-ZIP	QUITMAN, GA 31643
TITLE	P
NAME	DUNCAN, JOHN P III
STREET ADDRESS	2896 ADEL HIGHWAY
CITY-ST-ZIP	QUITMAN, GA 31643
TITLE	S/T
NAME	MCELROY, FARNK H JR
STREET ADDRESS	1625 DUNN RD
CITY-ST-ZIP	QUITMAN, GA 31643
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**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 607, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Frank H. McElroy, Jr. **Frank H. McElroy, Jr.**

Date

1.30.07

Daytime Phone #

229.263.6190