

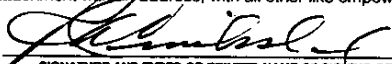


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90046 001 \*\*\*\*61.25

<b>DOCUMENT # P08075</b> 1. Entity Name <b>HOMOSASSA FISHING CLUB OF GEORGIA, INC.</b>					
Principal Place of Business <b>C/O ROBERT A. CRUIKSHANK</b> <b>4500 WENDALL DRIVE</b> <b>ATLANTA, GA 30336 US</b>			Mailing Address <b>C/O ROBERT A. CRUIKSHANK</b> <b>4500 WENDALL DRIVE</b> <b>ATLANTA, GA 30336 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>58-0599447</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>STILLWELL, CLARK A</b> <b>BRANNEN, STILLWELL &amp; PERRIN, P.A.</b> <b>320 US HWY 41 SOUTH</b> <b>INVERNESS, FL 32650</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		Make check payable to <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>CRUIKSHANK, ROBERT A</b> <b>4500 WENDALL DRIVE</b> <b>ATLANTA, GA 30336</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>WILLIAMS, RALPH</b> <b>1201 W. PEACHTREE ST.</b> <b>ATLANTA, GA 30309</b>	<input type="checkbox"/> Delete	TITLE <b>Dir</b> NAME <b>William C. O'Kelley</b> STREET ADDRESS <b>550 Ridgecrest Dr.</b> CITY-ST-ZIP <b>Notcross, GA 30071</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>EUART, JR., JOHN F</b> <b>1708 PEACHTREE ST, SUITE 425</b> <b>ATLANTA, GA 30309</b>	<input type="checkbox"/> Delete	TITLE <b>Dir</b> NAME <b>L. Phillip Hurlmann</b> STREET ADDRESS <b>SunTrust Banks</b> CITY-ST-ZIP <b>P.O. Box 4418 ATL, GA 30302</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WEST, TOM</b> <b>125 OLD STRATTON CHASE</b> <b>ATLANTA, GA 30328</b>	<input type="checkbox"/> Delete	TITLE <b>Dir</b> NAME <b>Lewis Glenn</b> STREET ADDRESS <b>396 Whitmore Dr. N.W.</b> CITY-ST-ZIP <b>ATL, GA 30305-4058</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>KLITSON, BRUCE B</b> <b>1600 NORTHSIDE DR</b> <b>ATLANTA, GA 30318</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>VPD</b> NAME <b>John G. Alston, Jr.</b> STREET ADDRESS <b>87 W. Paces Ferry Rd. N.W.</b> CITY-ST-ZIP <b>ATLANTA, GA 30305</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>WILSON, II, CHARLES B</b> <b>SUITE 500, 2970 PEACHTREE ROAD</b> <b>ATLANTA, GA 30305</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>VPD</b> NAME <b>DAVID WATSON</b> STREET ADDRESS <b>3050 Rivermeade Lane, NW</b> CITY-ST-ZIP <b>ATLANTA, GA 30327</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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 617, 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: 			4.18.07 404.691.9445		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date      Daytime Phone #</small>		