

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000003549

**Entity Name:** WALNUT HILL RURITAN CLUB, INC.**Current Principal Place of Business:**7850 HIGHWAY 97  
WALNUT HILL, FL 32568**Current Mailing Address:**WALNUT HILL RURITAN CLUB  
P.O. BOX 35  
WALNUT HILL, FL 32568 US**FEI Number:** 59-2447713**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WELSH, GARY  
7850 HWY 97  
WALNUT HILL, FL 32568 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:** GARY WELSH

02/13/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            TREASURER  
Name            MCLEOD, JOSEPH K  
Address        1805 STOUT RD  
City-State-Zip: CANTONMENT FL 32533

Title            OFFICER  
Name            J D, POWELL  
Address        6750 NOKOMIS RD  
City-State-Zip: WALNUT HILL FL 32568

Title            OFFICER  
Name            FURGUSON, ROBBIE  
Address        1111 FRIDGE DR.  
City-State-Zip: ATMORE AL 36502

Title            OFFICER  
Name            FAIRCLOTH, KEVIN  
Address        3180 HOWELL RD  
City-State-Zip: MCDAVID FL 32568

Title            SECRETARY  
Name            WALKER, LARRY  
Address        9245 WOODRUN RD  
City-State-Zip: PENSACOLA FL 32514

Title            VP  
Name            BRANDENBURG, JAKE  
Address        6400 MEADOWS RD  
City-State-Zip: WALNUT HILL FL 32568

Title            PRESIDENT  
Name            HUDSON, EDWARD  
Address        2401 SCHNEIDER RD  
City-State-Zip: MCDAVID FL 32568

Title            OFFICER  
Name            WILSON, LONNIE  
Address        6940 NOKOMIS RD  
City-State-Zip: WALNUT HILL FL 32568

*I hereby 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 all other like empowered.*

**SIGNATURE:** JOSEPH K. MCLEOD

TREASURER

02/13/2019

Electronic Signature of Signing Officer/Director Detail

Date