

**2024 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  
4950 HWY 99A STE 1 PMB 35  
WALNUT HILL, FL 32568 US

**FEI Number:** 63-6056624

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MCLEOD, JOSEPH K.  
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:** JOSEPH K. MCLEOD

02/02/2024

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           PRESIDENT  
Name           JOHNSON, JOHN  
Address        3800 HAYMAN LN  
City-State-Zip: MCDAVID FL 32568

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

Title           OFFICER  
Name           WIGGINS, GARY  
Address        9431 HWY 97  
City-State-Zip: CENTURY FL 32535

Title           SECRETARY  
Name           SULLIVAN, BRAD  
Address        4800HWY 99  
City-State-Zip: CENTURY FL 32535

Title           DIRECTOR  
Name           SWINDLE, DANNY  
Address        5761 WEST HWY 4  
City-State-Zip: CENTURY FL 32535

Title           DIRECTOR  
Name           RHODES, WAYNE  
Address        6062 BARINEAU PARK SCHOOL RD  
City-State-Zip: MOLINO FL 32577

Title           DIRECTOR  
Name           MURPHY, MARK  
Address        6590 BRUSHY CREEK LN  
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

**SECRETARY**

02/02/2024

Electronic Signature of Signing Officer/Director Detail

Date