


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007 8:00 am
Secretary of State

01-31-2007 90037 001 ****61.25

DOCUMENT # 766733					
1. Entity Name MILL SWAMP STILL HUNTING CLUB, INC.					
Principal Place of Business P O BOX 1536 109 BARBER AVENUE CROSS CITY, FL 32628-1536 US			Mailing Address P O BOX 1536 109 BARBER AVENUE CROSS CITY, FL 32628-1536 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LILES JR, JARRETT H PO BX 340 HORSE SHOE RD CROSS CITY, FL 32628				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
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>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LILES JR., JARRETT H			NAME	
STREET ADDRESS	PO BOX 340 HORSE SHOE RD			STREET ADDRESS	
CITY-ST-ZIP	CROSS CITY, FL 32628			CITY-ST-ZIP	
TITLE	V	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARRIER, STANLEY W			NAME	
STREET ADDRESS	RT 2 BOX 442			STREET ADDRESS	
CITY-ST-ZIP	MICANOPY, FL 32667			CITY-ST-ZIP	
TITLE	ST	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBER, MARTIN C SR			NAME	
STREET ADDRESS	P.O. BOX 1146 15 NE 244TH STREET			STREET ADDRESS	
CITY-ST-ZIP	CROSS CITY, FL 32628			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUTCH, JAMES M III			NAME	
STREET ADDRESS	P O BOX 2193 KING STREET			STREET ADDRESS	
CITY-ST-ZIP	CROSS CITY, FL 32628			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WYCOFF, ARTHUR			NAME	
STREET ADDRESS	PO BOX 2607 CEDAR STREET			STREET ADDRESS	
CITY-ST-ZIP	CROSS CITY, FL 32628			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRISE, AL			NAME	
STREET ADDRESS	398 NE 649TH STREET			STREET ADDRESS	
CITY-ST-ZIP	OLD TOWN, FL 32680			CITY-ST-ZIP	
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: <u>Martin C Barber</u>				Date: <u>1/29/07</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					



01252007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2627042

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required