


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2008 8:00 am
Secretary of State

03-27-2008 90028 035 ****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		4. FEI Number 59-2627042	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARBER, MARTIN C SR		NAME	15 NE 244th Street	
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 checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	FUTCH, JAMES M III		NAME	Jeffery Norman	
STREET ADDRESS	P O BOX 2193 KING STREET		STREET ADDRESS	3001 SE Lake Weir Rd	
CITY-ST-ZIP	CROSS CITY, FL 32628		CITY-ST-ZIP	Ocala FL 34471	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WYCOFF, ARTHUR		NAME	Robert Clark	
STREET ADDRESS	PO BOX 2607 CEDAR STREET		STREET ADDRESS	2007 NW 258 Drive	
CITY-ST-ZIP	CROSS CITY, FL 32628		CITY-ST-ZIP	High Springs FL 32643	
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>		Martin C Barber		Date: <u>3/26/08</u>	
				Daytime Phone #: <u>352 498 3165</u>	

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