2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 04, 2005 8:00 am
Secretary of State
08-04-2005 90002 050 ****61.25

DOCUMENT # N01000008897

1. Entity Name

KEYSTONE HEIGHTS SPORTSMEN'S CLUB, INC.

Principal Place of Business	Mailing Address
C/O KEYSTONE HEIGHTS AIRPORT 7080 AIRPORT ROAD STARKE FL 32091	POST OFFICE BOX 1482 KEYSTONE HEIGHTS FL 32656

1st MOORE CR2E037 (10/04)

2. Principal Place of Business	3. Mailing Address
C/O Keystone Heights Airpt	P.O. Box 1482
Suite, Apt. #, etc.: 7080 AIRPORT ROAD	Suite, Apt. #, etc.
City & State: STARKE, FL. 32091	City & State: Keystone Heights, FL.
Zip: 32091 Country: BRADFORD	Zip: 32656 Country: CLAY

4. FEI Number 03-0387387 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HARDY, DUDLEY P 403 WEST GEORGIA STREET STARKE FL 32091	Name: CHARLES JAMES Street Address (P.O. Box Number is Not Acceptable): 789 SE 58TH ST. City: KEYSTONE HEIGHTS, FL Zip Code: 32656

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: CHARLES JAMES SEC. 7/29/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P HALL, JOHN R 7080 AIRPORT ROAD STARKE FL 32091	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V DEVORE, STEVE 7080 AIRPORT ROAD STARKE FL 32091	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S JAMES, CHARLIE 7080 AIRPORT ROAD STARKE FL 32091	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HORWATH, PAUL 7080 AIRPORT ROAD STARKE FL 32091	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MONTGOMERY, JIMMY 7080 AIRPORT ROAD STARKE FL 32091	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EDWARDS, CURTIS 7080 AIRPORT ROAD STARKE FL 32091	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: CHARLES JAMES 7/29/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #