

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002343

FILED  
Jan 08, 2009  
Secretary of State

Entity Name: PORT HUDSON FISHING CLUB, INC.

**Current Principal Place of Business:**

13734 COX AVE  
HUDSON, FL 34667

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 5028  
HUDSON, FL 34674

**New Mailing Address:**

10301 PALMGREN LN  
SPRING HILL, FL 34608

FEI Number: 55-0863132

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NARDI, FRANK  
10301 PLAMGREN LN  
SPRING HILL, FL 34608 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: FORTIER, HENRY  
Address: 13734 COX AVE  
City-St-Zip: HUDSON, FL 34667

Title: VP ( ) Delete  
Name: CHARLTON, MELISSA  
Address: 10619 AGATE CT  
City-St-Zip: PORT RICHEY, FL 34668

Title: S ( ) Delete  
Name: MOBLEY, BONNIE  
Address: 13734 COX AVE  
City-St-Zip: HUDSON, FL 34667

Title: T ( ) Delete  
Name: PRZYBYLAK, MIKE  
Address: 5224 COURTYARD RD  
City-St-Zip: SPRING HILL, FL 34608

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: HEMPEL, ANDY  
Address: 13735 COX AVE  
City-St-Zip: HUDSON, FL 34667

Title: S (X) Change ( ) Addition  
Name: PALMER, SHAYNE E  
Address: 6735 FLICKER LN  
City-St-Zip: HUDSON, FL 34667

Title: T (X) Change ( ) Addition  
Name: NARDI, FRANK  
Address: 10301 PALMGREN LN  
City-St-Zip: SPRING HILL, FL 34608

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: FRANK NARDI

TRES

01/08/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date