


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90401 002 ****61.25

DOCUMENT # N25729					
1. Entity Name MCGEE BRANCH HUNTING CLUB, INC.					
Principal Place of Business C/O ROBERT J. BEAUCHAMP P. O. BOX 1777 CHIEFLAND, FL 32644 US		Mailing Address C/O ROBERT J. BEAUCHAMP P. O. BOX 1777 CHIEFLAND, FL 32466 US			
2. Principal Place of Business		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 BEAUCHAMP, ROBERT J. 105 S. E. 105TH STREET CHIEFLAND, FL 32626		7. Name and Address of New Registered Agent			
Name		Name			
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)			
City		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 _____ <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, 2006		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	D STRAWN, WILLIAM 2605 SE 25TH STREET GAINESVILLE, FL	<input checked="" type="checkbox"/> Delete	TITLE	DST JASON CASON 1021 SE 8TH ST WILLISTON, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	SD EDISON, ED 20730 S.W. 36TH ST DUNNELLON, FL	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D VADIN, BARBER 4950 NE 50TH ST BRADSON, FL 32621	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D SULLIVAN, LAMAR RT. 2, BOX 965 WILLISTON, FL	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	PD CASON, JAKE 1021 SE 8TH ST WILLISTON, FL 32696	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D STEGALL, DAVID RT. 1 BOX 6790 WILLISTON, F	<input checked="" type="checkbox"/> Delete	TITLE	D JERRY NEWSOME 9230 NE 65TH AVE BRANSON, FL 32621	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: _____		Date: 3/1/06		Daytime Phone #: 352-493-4808	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					