


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90270 016 \*\*\*\*70.00

**DOCUMENT # N32402**

1. Entity Name  
**THE NORTH PINEVILLE SPORTSMAN CLUB, INC.**



Principal Place of Business  
 10050 SOUTH HIGHWAY 97A  
 WALNUT HILL, FL 32568 US

Mailing Address  
 10050 SOUTH HIGHWAY 97A  
 WALNUT HILL, FL 32568 US

**94076535**



2. Principal Place of Business  
**6900 Hwy 97-A**  
 Suite, Apt. #, etc.

3. Mailing Address  
**6900 Hwy 97-A**  
 Suite, Apt. #, etc.

03302004 Chg-NP CR2E037 (10/03)

City & State  
**Walnut Hill, FL**

City & State  
**Walnut Hill, FL**

Zip  
**32568** Country  
**USA**

Zip  
**32568** Country  
**USA**

4. FEI Number  
**59-3007910**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**JOHNSON, W.E., JR.**  
**1200 HWY 29 S.**  
**CANTONMENT, FL 32533**

7. Name and Address of New Registered Agent

Name  
**Ronnie Cloud**

Street Address (P.O. Box Number is Not Acceptable)  
**6900 Hwy 97-A**

City  
**Walnut Hill** FL Zip Code  
**32568**

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 *Ronnie Cloud* DATE **04-14-04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHNSON, W.E., JR. 1200 HWY 29 S. CANTONMENT, FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JOHNSON, W.H. 9700 HILLVIEW DR. PENSACOLA, FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GAY, ROBERT 30 S. 65TH AVE. PENSACOLA, FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HENDERSON, ARCH 7496 FLOYD DR. PENSACOLA, FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ETHERIDGE, W.R. P.O. BOX 175 N/A GONZALEZA, FL 32560	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Ronnie Cloud 6900 Hwy 97-A Walnut Hill, FL 32568	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD John Williams 1549 williams Ditch Road Cantonment, FL 32533	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Eddie Shirley 1472 Stefani Circle Cantonment, FL 32533	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Ronnie Cloud* DATE: **04-14-04** 860-327-3000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Copy for Club