

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Aug 02, 2008  
Secretary of State

DOCUMENT# N35323

Entity Name: OCHESSEE SPORTSMAN CLUB, INC.

**Current Principal Place of Business:**

18522 NE BE BARFIELD RD  
ALTHA, FL 32421

**New Principal Place of Business:**

**Current Mailing Address:**

18522 NE BE BARFIELD RD  
ALTHA, FL 32421

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

BARFIELD, BENNY E.  
18522 NE BE BARFIELD RD  
ALTHA, FL 32421 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: D ( ) Delete  
Name: MOLTON, LAMAR  
Address: 2102 RIVER RD  
City-St-Zip: SNEADS, FL

Title: D ( ) Delete  
Name: BARFIELD, JARROD  
Address: 21103 NE MACEDONIA ROAD  
City-St-Zip: BLOUNTSTOWN, FL 32424

Title: D ( ) Delete  
Name: VARNUM, TERRY  
Address: 23218 NE SR 69  
City-St-Zip: BLOUNTSTOWN, FL 32424

Title: D ( ) Delete  
Name: VARNUM, DAVID  
Address: 23218 NE SR 69  
City-St-Zip: BLOUNTSTOWN, FL 32424

Title: D ( ) Delete  
Name: HOLLIS, BENNIE  
Address: P.O. BOX 418, HWY. 71S  
City-St-Zip: ALTHA, FL 32421

Title: D ( ) Delete  
Name: BARFIELD, BENNY,  
Address: 18522 NE BE BARFIELD RD  
City-St-Zip: ALTHA, FL 32421

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

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

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

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

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

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

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

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: BENNY BARFIELD

D

08/02/2008

Electronic Signature of Signing Officer or Director

Date