

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 28, 2009
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

08/28/2009

Electronic Signature of Signing Officer or Director

_____ Date