


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

FILED
Feb 25, 2004 08:00 AM
Secretary of State

DOCUMENT # N95000001582
1. Entity Name
THREE RIVERS HUNTING CLUB, INC.



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|---|--|
| Principal Place of Business TREE RIVERS HUNTING CLUB P.O. BOX 1340 PERRY, FL 32348 US | Mailing Address P.O. BOX 1340 PERRY, FL 32348 US |
|---|--|



02232004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
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| 4. FEI Number NOT APPLICABLE | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent
**LUNDY, NANCY K
2140 WOODS CREEK ROAD
PERRY, FL 32347**

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

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

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

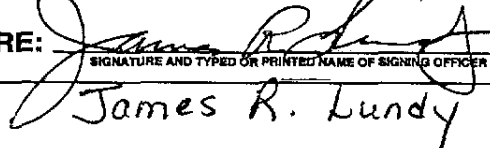
1100000066341
02/26/04-80011-023 61.25

10. OFFICERS AND DIRECTORS

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|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD LUNDY, JAMES R 2140 WOODS CREEK ROAD PERRY, FL 32347 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CARLTON, PERRY 5879 WOODS CREEK ROAD PERRY, FL 32347 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ENGLISH, WAYNE 1399 MACK SESSIONS ROAD PERRY, FL 32348 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BETHEA, BYRAN 5580 PADGETT ROAD PERRY, FL 32348 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D NEWBERRY, JEFF P.O BOX 1397, 1950 KELLY GRADE PERRY, FL 32348 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WALKER, J.R. RT 1, BOX 242 LAMONT, FL 32336 |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **James R. Lundy**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **2/23/04** Daytime Phone #: **850 584-7765**