


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 02, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N95000001582</b> 1. Entity Name <b>THREE RIVERS HUNTING CLUB, INC.</b>	
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Principal Place of Business <b>TREE RIVERS HUNTING CLUB P.O. BOX 1340 PERRY, FL 32348 US</b>	Mailing Address <b>P.O. BOX 1340 PERRY, FL 32348 US</b>
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**DO NOT WRITE IN THIS SPACE**



01302007 No Chg-NP CR2E037 (4/06)

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

**6. Name and Address of Current Registered Agent**

**LUNDY, NANCY K  
2140 WOODS CREEK ROAD  
PERRY, FL 32347**

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
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, 2007**

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

10. OFFICERS AND DIRECTORS	
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 WELCH, FLYNN 313 GLENRIDGE RD PERRY, FL 32348
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 MURPHY, PETE 132 PINETREE ROAD PERRY, FL 32348
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALKER, J.R. RT 1, BOX 242 LAMONT, FL 32336

U00000619129  
02/08/07-80058-023 61.25

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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:**  **1-30-07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #