

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000002986

1. Entity Name
POND FORK SPORTSMAN HUNTING CLUB, INC.



Principal Place of Business
**7951 PINE FOREST ROAD
WALNUT HILL, FL 32568**

Mailing Address
**7951 PINE FOREST ROAD
WALNUT HILL, FL 32568**



02082006 No Chg-NP CR2EQ37 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GIBSON, MERVIN
7951 PINE FOREST ROAD
WALNUT HILL, FL 32568**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	
NAME	GIBSON, MERVIN	
STREET ADDRESS	7951 PINE FOREST ROAD	
CITY-ST-ZIP	WALNUT HILL, FL 32568	
TITLE	VPD	
NAME	HASSELL, B.T.	
STREET ADDRESS	3131 S. PINEVILLE RD.	
CITY-ST-ZIP	WALNUT HILL, FL 32568	
TITLE	STD	
NAME	GREESON, WILLIAM H	
STREET ADDRESS	617 ORBY STREET	
CITY-ST-ZIP	PENSACOLA, FL 32534	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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02/23/06-80080-011 70.00

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IN THIS SPACE**

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: *William H Greeson* **William H GREESON STD 2-8-06 850 477 3831**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #