

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 766733

**FILED**  
**Apr 19, 2013**  
**Secretary of State**  
**CC1307388385**

**Entity Name:** MILL SWAMP STILL HUNTING CLUB, INC.

**Current Principal Place of Business:**

11 NE 244TH STREET  
CROSS CITY, FL 32628

**Current Mailing Address:**

11 NE 244TH STREET  
CROSS CITY, FL 32628 US

**FEI Number: 59-2627042**

**Certificate of Status Desired: No**

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

LILES JR, JARRETT H  
560 NE 348 AVE  
OLD TOWN, FL 32680 US

*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

**Officer/Director Detail :**

Title P  
Name LILES JR., JARRETT H  
Address 560 NE 348 AVENUE  
City-State-Zip: OLD TOWN FL 32680

Title V  
Name UNDERHILL, LARRY W  
Address 777 SW 10TH STREET  
City-State-Zip: CROSS CITY FL 32628

Title ST  
Name BARBER, MARTIN CJR  
Address 11 NE 244TH STREET  
City-State-Zip: CROSS CITY FL 32628

Title D  
Name ROLLISON, DWAYNE  
Address 457 CR351A SOUTH  
City-State-Zip: CROSS CITY FL 32628

Title D  
Name ORTON, JAMES  
Address P O BOX 822  
City-State-Zip: WALDO FL 32694

Title D  
Name BROWN, DON  
Address 8887 124 WAY N  
City-State-Zip: SEMINOLE FL 33772

Title DIRECTOR  
Name WYCKOFF, ARTHUR  
Address P O BOX 2607  
City-State-Zip: CROSS CITY FL 32628

Title DIRECTOR  
Name SNELLGROVE, TREY  
Address P O BOX 2033  
City-State-Zip: CROSS CITY FL 32628

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE: MARTIN C BARBER, JR**

**ST**

**04/19/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           ORTON, T J  
Address        3426 NW 42 TERRACE  
City-State-Zip: GAINESVILLE FL 32628