

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766733

FILED
Mar 27, 2015
Secretary of State
CC8406092190

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 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

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

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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

03/27/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name WESTER, KENNY
Address P O BOX 202
City-State-Zip: CROSS CITY FL 32628