

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N25729

**Entity Name:** MCGEE BRANCH HUNTING CLUB, INC.

**Current Principal Place of Business:**

727 NW 7TH BLVD  
WILLISTON, FL 32696

**Current Mailing Address:**

PO BOX 1777  
CHIEFLAND, FL 32644 US

**FEI Number:** 59-2869186

**Certificate of Status Desired:** No

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

BEAUCHAMP, ROBERT J.  
105 S. E. 105TH STREET  
CHIEFLAND, FL 32626 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/D	Title	TREASURER, SECRETARY
Name	CASON, JASON	Name	BARBER, VADIN
Address	16830 NE 75TH ST	Address	PO BOX 1505
City-State-Zip:	WILLISTON FL 32696	City-State-Zip:	BRONSON FL 32621

Title	D	Title	VP
Name	LAWRENCE, HUGH	Name	NEWSOME, JERRY
Address	651 EAST COUNTRY CLUB DRIVE	Address	PO BOX 462
City-State-Zip:	WILLISTON FL 32696	City-State-Zip:	BRONSON FL 32621

Title	DIRECTOR	Title	DIRECTOR
Name	CLINE, MENDEL	Name	HENDRIX, JAMES
Address	7211 SE 200TH AVE	Address	4290 SW 183RD TERR
City-State-Zip:	MORRISTON FL 32668	City-State-Zip:	DUNNELLOON FL 34432

Title	DIRECTOR
Name	JORDAN, BRENT
Address	23245 W HWY 40
City-State-Zip:	DUNNELOON FL 34431

*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:** JASON CASON

**PRESIDENT**

**03/26/2021**

Electronic Signature of Signing Officer/Director Detail

Date