

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000001582

**FILED**  
**Jan 13, 2015**  
**Secretary of State**  
**CC7082331861**

**Entity Name:** THREE RIVERS HUNTING CLUB, INC.

**Current Principal Place of Business:**

THREE RIVERS HUNTING CLUB  
2140 WOODS CREEK ROAD  
PERRY, FL 32347

**Current Mailing Address:**

P.O. BOX 1340  
PERRY, FL 32348 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

LUNDY, NANCY K  
2140 WOODS CREEK ROAD  
PERRY, FL 32347 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 VPD  
Name LUNDY, JAMES R  
Address 2140 WOODS CREEK ROAD  
City-State-Zip: PERRY FL 32347

Title D  
Name WELCH, FLYNN  
Address 313 GLENRIDGE RD  
City-State-Zip: PERRY FL 32348

Title DIRECTOR  
Name ENGLISH, WAYNE  
Address 1399 MACK SESSIONS ROAD  
City-State-Zip: PERRY FL 32347

Title PD  
Name BETHEA, BYRAN  
Address 5580 PADGETT ROAD  
City-State-Zip: PERRY FL 32348

Title D  
Name MURPHY, PETE  
Address 132 PINETREE ROAD  
City-State-Zip: PERRY FL 32348

Title D  
Name WALKER, LESTER JR.  
Address 23485 US 98 WEST  
City-State-Zip: LAMONT FL 32336

Title DIRECTOR  
Name BRANNAN, JIM  
Address 2398 PISGAH ROAD  
City-State-Zip: PERRY FL 32347

*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: JAMES R. LUNDY**

**VICE-PRESIDENT**

**01/13/2015**

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

\_\_\_\_\_  
Date