

2021 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08075

Entity Name: HOMOSASSA FISHING CLUB, INC.**Current Principal Place of Business:**11198 W. HALLS RIVER ROAD
HOMOSASSA, FL 34448**Current Mailing Address:**PO BOX 941755
ATLANTA, GA 31141 US**FEI Number:** 58-0599447**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**HAMPTON, JOAN
JOAN HAMPTON
11198 W. HALLS RIVER ROAD
HOMOSASSA, FL 34448 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:** JOAN HAMPTON**03/15/2021**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRMAN
Name LIVEZEY , C BURT JR.
Address 648 ANDOVER DRIVE
City-State-Zip: ATLANTA GA 30327

Title PRESIDENT
Name SPALDING, JOHN P
Address 170 WESTMINSTER DRIVE
City-State-Zip: ATLANTA GA 30309

Title DIRECTOR
Name HEAD, JACK
Address 4381 BEECH HAVEN TRAIL
SUITE 400
City-State-Zip: ATLANTA GA 30339

Title DIRECTOR
Name WEST, ALEX B.
Address 4115 CONWAY VALLEY RD., NW
City-State-Zip: ATLANTA GA 30327

Title DIRECTOR
Name GARRETT, LEE
Address 2734 PEACHTREE ROAD NW
APT. B203
City-State-Zip: ATLANTA GA 30305

Title DIRECTOR
Name HANSEN, JOHN
Address 1943 TRISTAN DR. SE
City-State-Zip: SMYRNA GA 30080

Title SECRETARY
Name SMITH, ED
Address 3499 PACES FERRY ROAD
City-State-Zip: ATLANTA GA 30327

Title DIRECTOR
Name CALHOUN, STEWART
Address PO BOX 941755
City-State-Zip: ATLANTA GA 31141

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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: ED SMITH**SECRETARYTREASURER 03/15/2021**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	FASSNACHT, VON
Address	PO BOX 941755
City-State-Zip:	ATLANTA GA 31141