

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 701492

FILED
Mar 31, 2009
Secretary of State

Entity Name: LAKE-POLK HUNT CLUB, INC.

Current Principal Place of Business:

904 MARION CIRCLE
FORT MEADE, FL 33841 US

New Principal Place of Business:

Current Mailing Address:

904 MARION CIRCLE
FORT MEADE, FL 33841 US

New Mailing Address:

FEI Number: 59-3213878

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

G.T. HANCOCK
904 MARION CIRCLE
FT MEADE, FL 33841 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DURANT, FRANK H.,
Address: 104 FOXWOOD RUN
City-St-Zip: LONGWOOD, FL

Title: VPD () Delete
Name: HOLLEY, R.T.
Address: RT. 4, BOX 36-A, MT PRGGAH RD.
City-St-Zip: FORT MEADE, FL 33841

Title: STD () Delete
Name: HANCOCK, G.T.,
Address: 904 MARION CIRCLE
City-St-Zip: FT. MEADE, FL 33841

Title: ASTD () Delete
Name: ADLER, CHARLES C JR
Address: 664 A WEST
City-St-Zip: BOWLING GREEN, FL 33834

Title: D () Delete
Name: CASON, R.G.,
Address: 910 MARION CIRCLE
City-St-Zip: FT MEADE, FL 00000, 33841

Title: D () Delete
Name: DAVIS, JIMMY
Address: 270 BERQUIST ROAD
City-St-Zip: FORT MEADE, FL 33841

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: GRADY T. HANCOCK

TREA

03/31/2009

Electronic Signature of Signing Officer or Director

Date