2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703166

Entity Name: THE GLADES COUNTY FISH AND GAME CLUB, INC.

FILED Aug 03, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

PO BOX 426

MOORE HAVEN, FL 33471 0

Current Mailing Address: New Mailing Address:

PO BOX 426

MOORE HAVEN, FL 33471 0

FEI Number: 65-0220453 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

GRIFFIN, DENNIS HOWARD, LONNIE V SECR 1115 FOX MORE STREET P.O. BOX 2566

MOORE HAVEN, FL 33471 US LABELLE, FL 33975 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: LONNIE V. HOWARD 08/03/2004

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: P () Delete Title: P (X) Change () Addition

Name: GRIFFIN, DENNIS Name: HUMPHRIES, GEORGE
Address: 1115 FOXMOOR S Address: P.O. BOX 1116

City-St-Zip: MOORE HAVEN, FL 33471 City-St-Zip: MOORE HAVEN, FL 33471

 Address:
 1209 ALEX BLVD
 Address:
 P.O. BOX 1188

 City-St-Zip:
 LABELLE, FL 33935
 City-St-Zip:
 LABELLE, FL 33975

Title: S () Delete Title: S (X) Change () Addition
Name: HOWARD, LONNIE Name: HOWARD, LONNIE

 Address:
 P.O BOX 2566
 Address:
 P.O BOX 2566

 City-St-Zip:
 LABELLE, FL 33935
 City-St-Zip:
 LABELLE, FL 33975

Title: T () Delete Title: T (X) Change () Addition

 Name:
 NAVARRE, CARMELO
 Name:
 NAVARRO, CARMELO

 Address:
 1325 WEST WAYMON RD
 Address:
 1325 WEST WAYMAN RD

 City-St-Zip:
 MOORE HAVEN, FL 33471
 City-St-Zip:
 MOORE HAVEN, FL 33471

Title: D () Delete Title: D (X) Change () Addition

Name: STEWART, JOHNNY Name: FLOWERS, DAVID

Address: 340 OLD NORTH RIVER ROAD Address: 3040 COFFEEMILL HAMMOCK RD City-St-Zip: LABELLE, FL 33935 City-St-Zip: MOORE HAVEN, FL 33471

Title: D () Delete Title: D (X) Change () Addition Name: SMITH, TRAVIS Name: BULLARD, KIM

Name: SMITH, TRAVIS Name: BULLARD, KIN
Address: PO BOX 25 Address: PO BOX 417

City-St-Zip: LAKE PARK, FL 33471 City-St-Zip: MOORE HAVEN, FL 33471

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LONNIE V. HOWARD S 08/03/2004