2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #703166

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



FILED Mar 24, 2008 8:00 am Secretary of State 03-24-2008 90066 030 ****61.25

Principal Place of Business Policy 426		,						
Suite, Apt. 4, etc.	DOYLE CONNER BUILDING PO BOX 426		71					
Suite, Apt. 4, etc.								
City & State	Principal Place of Business - No P.O. Box # 3. Mailing Address			1 (8 8 8 1) 18 8 8 1 8 8 1				
Country Zip Country Zip Country St. Certificate of Status Desired \$8.75 Additional Feo Proquised \$8.75 Additional Feo Properties \$8.75 Addit	Suite, Apt. #, etc. Suite, Apt. #, etc.			02142008	Chg-NP	CR2E037 (12/06)		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HOWARD, LONNIE V SECR 1092 PARK DRIVE LABELLE, FL 33936 8. 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. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am fa	City & State City & State				53		`	
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8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE	1092 PARK DRIVE		Street Add	Street Address (P.O. Box Number is Not Acceptable)				
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE	,		-					
THE Obligations of registered agent. SIGNATURE Convert Conve			City			FL Zip Coo	de	
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		Delete	TITLE					
CITY_ST_7/P	NAME 1 1 BULLARD, KIM	Delete						
CITY-ST-ZIP MOORE HAVEN, FL 33471 CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information	STREET ADDRESS PO BOX 417	· Delete	NAME STREET ADDRESS					

indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

TURE AND TYPED OFFINTED NAME OF SIGNING OFFICER OR DIRECTOR SECR