

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90066 030 ****61.25

DOCUMENT # 703166

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



Principal Place of Business
**DOYLE CONNER BUILDING
MOORE HAVEN, FL 33471**

Mailing Address
**PO BOX 426
MOORE HAVEN, FL 33471**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02142008

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number
65-0220453

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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 33935**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

[Signature]

LONNIE V. HOWARD SECR

2/14/08

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
HUMPHRIES, GEORGE
P.O. BOX 1116
MOORE HAVEN, FL 33471** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**#V
WARD, ALVIN
8700 WAYMAN RD
MOORE HAVEN, FL 33471** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
BOND, GREG
P.O. BOX 208
MOORE HAVEN, FL 33471** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
BOND, GREG
P.O. BOX 208
MOORE HAVEN, FL 33471** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
HOWARD, LONNIE
P.O BOX 2566
LABELLE, FL 33975** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
HOWARD, MATTHEW
375 POLLYWOG POINT
LABELLE, FL 33935** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GUERRY, MELVIN
9090 N WAYMAN ROAD
MOORE HAVEN, FL 33471** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BULLARD, KIM
PO BOX 417
MOORE HAVEN, FL 33471** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 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.

SIGNATURE:

[Signature]

LONNIE V. HOWARD SECR

2/14/08

239-461-2429

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #