

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703166

FILED
Apr 02, 2009
Secretary of State

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

Current Principal Place of Business:

DOYLE CONNER BUILDING
MOORE HAVEN, FL 33471

New Principal Place of Business:

Current Mailing Address:

PO BOX 426
MOORE HAVEN, FL 33471

New Mailing Address:

FEI Number: 65-0220453

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOWARD, LONNIE V SECR
1092 PARK DRIVE
LABELLE, FL 33935 US

Name and Address of New Registered Agent:

THIGPEN, TINA M SECR
9603 W STATE ROAD 78
MOORE HAVEN, FL 33471 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: TINA M. THIGPEN

04/02/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: WARD, ALVIN
Address: 8700 WAYMAN RD
City-St-Zip: MOORE HAVEN, FL 33471

Title: P () Delete
Name: BOND, GREG
Address: P.O. BOX 208
City-St-Zip: MOORE HAVEN, FL 33471

Title: S () Delete
Name: HOWARD, LONNIE
Address: P.O BOX 2566
City-St-Zip: LABELLE, FL 33975

Title: T (X) Delete
Name: HOWARD, MATTHEW
Address: 375 POLLYWOG POINT
City-St-Zip: LABELLE, FL 33935

Title: D (X) Delete
Name: GUERRY, MELVIN
Address: 9090 N WAYMAN ROAD
City-St-Zip: MOORE HAVEN, FL 33471

Title: D (X) Delete
Name: BULLARD, KIM
Address: PO BOX 417
City-St-Zip: MOORE HAVEN, FL 33471

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change () Addition
Name: RIDGEWAY, HARVEY W
Address: 1411 RODEO ROAD
City-St-Zip: MOORE HAVEN, FL 33471

Title: () Change () Addition
Name:
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: TINA THIGPEN

SECR

04/02/2009

Electronic Signature of Signing Officer or Director

Date