2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2009
Secretary of State

DOCUMENT# 711146

Entity Name: DELTONA SPORTSMEN'S CLUB, INC.

Current Principal Place of Business:

985 E. GAUCHO CIR.
DELTONA, FL 32725

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 6022
DELTONA, FL 32728

New Mailing Address:

FEI Number: 71-1146740 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ALLEN, RICHARD C SR.
938 CLOVERLEAF BLVD.
DELTONA, FL 32725 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: T ( ) Delete
Name: ALLEN, RICHARD C JR.
Address: 773 ADLER DR.
City-St-Zip: DELTONA, FL 32738

Title: P ( ) Delete
Name: ALLEN, RICHARD C SR.
Address: 938 CLOVERLEAF BLVD
City-St-Zip: DELTONA, FL 32725

Title: S ( ) Delete
Name: BRODA, CLINT
Address: 3205 HALLAM ST.
City-St-Zip: DELTONA, FL 32738

Title: VP ( ) Delete
Name: HULETTE, CRAIG
Address: 465 HIDDEN RIDGE DR.
City-St-Zip: DELTONA, FL 32725

Title: D ( ) Delete
Name: ALLEN, TROY D
Address: 2049 E. ATMORE CIR.
City-St-Zip: DELTONA, FL 32725

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: D (X) Change ( ) Addition
Name: HULETTE, CRAIG
Address: 465 HIDDEN RIDGE DR.
City-St-Zip: DELTONA, FL 32725

Title: VP (X) Change ( ) Addition
Name: ALLEN, TROY D
Address: 2049 E. ATMORE CIR.
City-St-Zip: DELTONA, FL 32725

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: RICHARD C. ALLEN P 05/06/2009

Electronic Signature of Signing Officer or Director — Date