

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712230

FILED  
Apr 13, 2009  
Secretary of State

Entity Name: TUTEN'S HUNTING CLUB, INC.

**Current Principal Place of Business:**

C/O PETER SCAGLIONE, JR.  
2127 W. DR. M.L.K. BLVD  
TAMPA, FL 33607 US

**New Principal Place of Business:**

**Current Mailing Address:**

PETER SCAGLIONE, JR.  
2127 W. M.L.K. BLVD.  
TAMPA, FL 33607 US

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

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

PETER SCAGLIONE, JR.  
2127 W. DR. M.L.K. BLVD.  
TAMPA, FL 33607 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: SD ( ) Delete  
Name: SCAGLIONE, PETER  
Address: 2901 W. FOUNTAN BLVD  
City-St-Zip: TAMPA, FL 33609 US

Title: TD ( ) Delete  
Name: LOVING, J.T.  
Address: 2755 GROTON RD.  
City-St-Zip: LURAY, SC 29932 US

Title: VD ( ) Delete  
Name: CASTELLANO, PAUL  
Address: 3910 RIDGE AVE.  
City-St-Zip: TAMPA, FL 33603 US

Title: D ( ) Delete  
Name: FERLITA, ROSS  
Address: 633 ONTARIO AVE  
City-St-Zip: TAMPA, FL 33606 US

Title: D ( ) Delete  
Name: RICHTER, RON  
Address: TANAGER ST.  
City-St-Zip: SARASOTA, FL 34241 US

Title: PD ( ) Delete  
Name: ARNOLD, JAMES D  
Address: 4935 RIVER SHORE DRIVE  
City-St-Zip: TAMPA, FL 33603 US

**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: ( ) 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: PETER SCAGLIONE JR.

SD

04/13/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date