

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90029 041 ****61.25

DOCUMENT # 731508

1. Entity Name
DINNER ISLAND HUNTING LODGE, INC.



Principal Place of Business
P.O. BOX 1331
E. PALATKA, FL 32131

Mailing Address
P.O. BOX 1331
E. PALATKA, FL 32131

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04082008

Chg-NP

CR2E037 (12/06)

4. FEI Number
59-1456989

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PLANT, CARL
305 MOONSTONE DR
E. PALATKA, FL 32131

7. Name and Address of New Registered Agent

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, 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

TITLE	TD	<input type="checkbox"/> Delete
NAME	H CARL PLANT	
STREET ADDRESS	305 MOONSTONE DR	
CITY- ST- ZIP	E PALATKA, FL 32131	
TITLE	PD	<input type="checkbox"/> Delete
NAME	REVELS, MICHAEL	
STREET ADDRESS	724 BOX 142 B	
CITY- ST- ZIP	SAN MATEO, FL 32187	
TITLE	D	<input type="checkbox"/> Delete
NAME	MATHIS, MIKE	
STREET ADDRESS	5100 STOLE RT 206	
CITY- ST- ZIP	ELKTON, FL 32033	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARNES, DALE	
STREET ADDRESS	7470 COWDEN BRANCH RD	
CITY- ST- ZIP	ELKTON, FL 32033	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MATHIS, JOHN	
STREET ADDRESS	BOX 743	
CITY- ST- ZIP	HASTINGS, FL 32145	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/08

Date

386 3280292

Daytime Phone #