



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 08, 2005 8:00 am
Secretary of State

08-08-2005 90045 033 ****61.25

DOCUMENT # 738095 1. Entity Name INDIAN RIVER COONHUNTERS ASSOCIATION, INC.					
Principal Place of Business 3495 CORAL SCOTTSMOOR, FL 32775 US			Mailing Address P O BOX 337 SCOTTSMOOR, FL 32775 US		
2. Principal Place of Business SAME		3. Mailing Address 6375 DIXIE WAY			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. MIMS, FL.			
City & State 		City & State 32754 USA			
Zip 	Country 	Zip 	Country 		
4. FEI Number NOT APPLICABLE				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BELLEMORE, EARL 6375 DIXIE WAY MIMS, FL 32754			7. Name and Address of New Registered Agent Name SAME 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 <u><i>Earl Bellemore</i></u> 8/5/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 SANDERS, KYLE L 5812 STAMFORD ST. SCOTTSMOOR, FL 32775	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BYRON OVERSTREET P.O. BOX 421 SCOTTSMOOR, FL 32775	<input checked="" type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALLEN, JIM 1141 REED GROVE RD OAK HILL, FL 32759	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STA BELLEMORE, EARL 6375 DIXIE WAY MIMS, FL 32754	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTS, WILLIAM PO BOX 1009 GOLDEN ROD, FL 32733	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALLUM, J. D. P. O. BOX 7 N/A SCOTTSMOOR, FL 32775	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OVERSTREET, BYRON P.O. BOX 421 SCOTTSMOOR, FL 32775	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOB DAVENPORT 1145 REED GROVE RD OAK HILL, FL. 32759	<input checked="" type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, or all other like empowered.					
SIGNATURE: <u><i>Earl Bellemore</i></u> 8/5/05 321-269-9627 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					