

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738095

FILED  
Mar 02, 2009  
Secretary of State

**Entity Name:** INDIAN RIVER COONHUNTERS ASSOCIATION, INC.

**Current Principal Place of Business:**

3495 CORAL  
SCOTTSMOOR, FL 32775 US

**New Principal Place of Business:**

**Current Mailing Address:**

6375 DIXIE WAY  
MIMS, FL 32754 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:**

BELLEMORE, EARL  
6375 DIXIE WAY  
MIMS, FL 32754 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: P ( ) Delete  
Name: OVERSTREET, BYRON  
Address: P.O. BOX 421  
City-St-Zip: SCOTTSMOOR, FL 32775

Title: VP ( ) Delete  
Name: HALLUM, J.D  
Address: P.O. BOX 7  
City-St-Zip: SCOTTSMOOR, FL 32775

Title: STA ( ) Delete  
Name: BELLEMORE, EARL  
Address: 6375 DIXIE WAY  
City-St-Zip: MIMS, FL 32754

Title: D ( ) Delete  
Name: ROBERTS, WILLIAM  
Address: PO BOX 1009  
City-St-Zip: GOLDEN ROD, FL 32733

Title: D ( ) Delete  
Name: ALLEN, JIM  
Address: 1141 REED GROVE RD  
City-St-Zip: OAK HILL, FL 32759

Title: D ( ) Delete  
Name: DAVENPORT, BOB  
Address: 1145 REED GROVE RD  
City-St-Zip: OAK HILL, FL 32759

**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: EARL BELLEMORE

STA

03/02/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date