



**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2004 08:00 AM
Secretary of State

DOCUMENT # 748493 1. Entity Name SAND-FLY HUNTING CLUB, INC.			
Principal Place of Business 107 EAST PARK AVENUE P.O. BOX 1129 CHIEFLAND, FL 32626		Mailing Address 107 EAST PARK AVENUE P.O. BOX 1129 CHIEFLAND, FL 32626	
DO NOT WRITE IN THIS SPACE			
			
		01062004 No Chg-NP CR2E037 (10/03)	
		4. FEI Number 59-2749663	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			
BEAUCHAMP, GREGORY V. 107 EAST PARK AVENUE CHIEFLAND, FL 32626		DO NOT WRITE IN THIS SPACE	
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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE: _____			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P VOGEL, RANDY 10310 NW 60TH ST. CHIEFLAND, FL 32626		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ALLEN, TOMMY G 6451 NW 82ND CT. CHIEFLAND, FL 32626		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T ALLEN, RAYMOND 9290 SW 14TH ST. CHIEFLAND, FL 32626		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WARD, CONWAY 12051 NW 96TH LANE CHIEFLAND, FL 32626		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DEAS, BOBBY 417 NE 2ND ST. CHIEFLAND, FL 32626		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
DO NOT WRITE IN THIS SPACE			
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, with all other like empowered.			
SIGNATURE: <i>Tommy G. Allen</i> / <i>Tommy G. Allen</i>		2/27/04 352-543-9228	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Days and Phone #	