

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # 749696

1. Entity Name
FIN & FEATHER CLUB OF INTERNATIONAL, INC.



Principal Place of Business
**NORLAND MINE ROAD
BARTOW, FL 33830 US**

Mailing Address
**P O BOX 2557
BARTOW, FL 33830 US**



02102008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1667627

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CAVE, TOMMY
6742 NEWMEN CR. W.
BARTOW, FL 33831-2557**

**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 _____

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

U00000920844
05/14/08-80060-016 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST CROW, RONALD L P.O. BOX 1432 EATON PARK, FL 33840
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP CAVE, TOMMY 6742 NEWMAN CIR LAKELAND, FL 33811
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP JONES, RONNIE R 11423 LITHIA PINECREST RD LITHIA, FL 33547
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 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: *DST Ronald L. Crow* **RONALD L. CROW** - 4-22-08-863-665-8811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #