

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # 753243 1. Entity Name HERNANDO SPORTSMAN'S CLUB, INC.	
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Principal Place of Business 17045 COMMERCIAL HWY BROOKSVILLE, FL 34614 US	Mailing Address P. O. BOX 10754 P. O. BOX 10754 BROOKSVILLE, FL 34601-0754 US
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04142004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2102875	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**RICKERT, RANDIE W
7461 CEDARHURST STREET
BROOKSVILLE, FL 34613**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	UD00000122409 04/21/04-80027-023 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RICKERT, RANDIE W 7461 CEDARHURST BROOKSVILLE, FL 34613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PAYNE, JOE 10236 CHESTNUT DR PORT RICHEY, FL 34669
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RICKERT, DIANE M 7461 CEDERHURST ST BROOKSVILLE, FL 34613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED GELBOGIS, DAVE 55 S CAMELLIA AVE CRYSTAL RIVER, FL
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 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: Randie W. Rickert **RANDIE W. RICKERT** 4/17/04 352 799 3605
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #