2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #757769

1. Entity Name

CAT CREEK SPORTSMAN ASSOCIATION, INC.



FILED Feb 21, 2008 08:00 A Secretary of State

Principal Place of Business

2721 E. HWY 390 LYNN HAVEN, FL 32444 Mailing Address

PO BOX 328

LYNN HAVEN, FL 32444 US



DO NOT WRITE IN THIS SPACE

02192008 No Chg-NP C

CR2E037 (4/06)

4. FEI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

PETERSON, LARRY 2721 E. HWY 390 LYNN HAVEN, FL

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					
	Filing Fee is \$61.25 Due by May 1, 2008	Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRYANT, ROWLETT W 233 S COVE TERRACE DRIVE PANAMA CITY, FL		U00000833979 02/28/08-80034-008 61.25 DO NOT WRITE IN THIS SPACE		
TITLE HAME STREET ADORESS CITY-ST-ZIP	PD PETERSON, LARRY 2721 E HWY 390 LYNN HAVEN, FL				
TITLE NAME STREET ADDRESS CITY-SI-ZIP	VST PETERSON, LARRY JR. 2721 E HWY 390 LYNN HAVEN, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLY, HARRY JR. 2230 AMHURST STREET LYNN HAVEN, FL				
NAME STREET ADDRESS CITY-ST-ZIP	D PETERSON, LARRY JR. 2721 E HWY 390 LYNN HAVEN, FL				

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 appendiress, with all other like empowered.

SIGNATURE

NAME STREET ADDRESS CITY-ST-ZIP

ELAND TYPED ORTHROUGH MAKE OF SIGNENG OFFICER OR DIRECTOR

2-20-08 850-271-388

Desire Daytime Phone

-arty L. Peterson, President/ Director