

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757769

FILED  
Mar 19, 2009  
Secretary of State

**Entity Name:** CAT CREEK SPORTSMAN ASSOCIATION, INC.

**Current Principal Place of Business:**

2721 E. HWY 390  
LYNN HAVEN, FL 32444 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 328  
LYNN HAVEN, FL 32444 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:**

PETERSON, LARRY  
2721 E. HWY 390  
LYNN HAVEN, FL 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: D ( ) Delete  
Name: BRYANT, ROWLETT W,  
Address: 233 S COVE TERRACE DRIVE  
City-St-Zip: PANAMA CITY, FL

Title: PD ( ) Delete  
Name: PETERSON, LARRY,  
Address: 2721 E HWY 390  
City-St-Zip: LYNN HAVEN, FL

Title: VST ( ) Delete  
Name: PETERSON, LARRY JR.,  
Address: 2721 E HWY 390  
City-St-Zip: LYNN HAVEN, FL

Title: D ( ) Delete  
Name: KELLY, HARRY JR.,  
Address: 2230 AMHURST STREET  
City-St-Zip: LYNN HAVEN, FL

Title: D ( ) Delete  
Name: PETERSON, LARRY JR.,  
Address: 2721 E HWY 390  
City-St-Zip: LYNN HAVEN, FL

**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:

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: LARRY PETERSON

PD

03/19/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date