2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#758982

FILED Apr 23, 2009 Secretary of State

Entity Name: HATCH BEND HUNT CLUB, INC.

Current Principal Place of Business: New Principal Place of Business: HIGHWAY 349 P. O. BOX 413 BRANFORD, FL 320080413 US **New Mailing Address: Current Mailing Address:** HIGHWAY 349 P. O. BOX 413 BRANFORD, FL 320080413 US FEI Number: 59-2872704 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: EVERETTE, ALAN OWEN, MALLORY 459 SE KORAT RD 4693 S ST RD 3499 BRANFORD, FL 32008 BRANFORD, FL 32008 US US 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: MALLORY OWEN 04/23/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition COKER, JERRY JR Name: Name: 26226 89TH RD Address: Address: City-St-Zip: BRANFORD, FL 320083 City-St-Zip: Title: Title: (X) Change () Addition () Delete HATCH, CHUCK Name: HATCH, CHUCK Name: Address: 26667 HWY 247E P.O. BOX 184 Address: 26667 HWY 247E P.O. BOX 184 City-St-Zip: BRANFORD, FL 32008 City-St-Zip: BRANFORD, FL 32008 Title: () Delete Title: (X) Change () Addition EVERETTE, ALAN OWEN, MALLORY Name: Name: Address: 4693 S ST RD 349 Address: 459 SE KORAT RD City-St-Zip: BRANFORD, FL 32008 City-St-Zip: BRANFORD, FL 32008 Title: () Delete Title: () Change () Addition Name: ARNOLD, TRAVIS Name: P.O. BOX 670 Address: Address: City-St-Zip: BRANFORD, FL 32008 City-St-Zip: Title: PD () Delete Title: () Change () Addition CRISP, BOBBY Name: Name: 26226 89TH RD Address: Address: City-St-Zip: BRANFORD, FL 32008 City-St-Zip: Title: () Delete Title: () Change (X) Addition PRIDGEON, DANIEL Name: Name: Address: Address: 281 SE 615 ST OLD TOWN, FL 32680 City-St-Zip: 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: MALLORY OWEN ST 04/23/2009