

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90016 041 ****61.25

DOCUMENT # 761390

1. Entity Name

LESSIE HUNTING CLUB, INC.



Principal Place of Business
57292 MAY FAIR TRAIL
HILLIARD FL 32046

Mailing Address
57292 MAY FAIR TRAIL
HILLIARD FL 32046

94010860



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-1223605

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VANZANT, HUBERT N
57292 MAY FAIR TRAIL
HILLIARD FL 32046

7. Name and Address of New Registered Agent

Name
Hubert N. Vanzant

Street Address (P.O. Box Number is Not Acceptable)

57292 MAY FAIR TRAIL

City
HILLIARD

FL

Zip Code
32046

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 Hubert N. Vanzant Hubert N. Vanzant 1-26-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME VANZANT, HUBERT N ☐ Delete
STREET ADDRESS 57292 MAY FAIR TRAIL
CITY-ST-ZIP HILLIARD FL 32046

TITLE VD
NAME VANZANT, LARRY D ☐ Delete
STREET ADDRESS P.O. BOX 38
CITY-ST-ZIP HILLIARD FL 32046

TITLE STD
NAME VANZANT, CHARLES H. ☐ Delete
STREET ADDRESS 2775 OWENS RD
CITY-ST-ZIP YULEE FL 32096

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Hubert N. Vanzant Hubert N. Vanzant 1-26-04 904.845.3432
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #