

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 761390**

1. Entity Name  
**LESSIE HUNTING CLUB, INC.**



Principal Place of Business

**LESSIE RD  
HILLIARD, FL 32046**

Mailing Address

**57292 MAY FAIR TRAIL  
HILLIARD, FL 32046**



04292008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**59-1223605**

Applied For

Not Applicable

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**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000946472  
05/30/08-80051-010 70.00

**DO NOT WRITE  
IN THIS SPACE**

**SIGN  
HERE**

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 supplied with this filing 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 the person 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #