2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007
Secretary of State

DOCUMENT# 764459

Entity Name: RIVER WOODS HUNTING CLUB, INC.

Current Principal Place of Business:

4238 RAINTREE DR
MACCLENNY, FL 32063

New Principal Place of Business:

Current Mailing Address:

4238 RAINTREE DR
MACCLENNY, FL 32063 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LONG, CHRISTOPHER M
4238 RAINTREE DRIVE
MACCLENNY, FL 32063 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: VPD ( ) Delete
Name: LONG, DAVID
Address: 4156 RAINTREE DRIVE
City-St-Zip: MACCLENNY, FL 32063 US

Title: STD ( ) Delete
Name: LINDSEY, EARLE
Address: 21126 SHADY LANE
City-St-Zip: SANDERSON, FL 32807 US

Title: PD ( ) Delete
Name: LONG, CHRISTOPHER M
Address: 4238 RAINTREE DRIVE
City-St-Zip: MACCLENNY, FL 32063 US

Title: VPD ( ) Delete
Name: LONG, DWIGHT
Address: 4365 RAINTREE DRIVE
City-St-Zip: MACCCLENNY, FL 32063 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change ( ) Addition
Name: LINDSEY, EARLE
Address: 21126 SHADY LANE
City-St-Zip: SANDERSON, FL 32807 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD ( ) Change (X) Addition
Name: LONG, JONATHAN V
Address: 4238 RAINTREE DRIVE
City-St-Zip: MACCCLENNY, FL 32063 US

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: CHRISTOPHER LONG PD 05/02/2007

Electronic Signature of Signing Officer or Director — Date