

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766733

FILED  
Jun 30, 2005  
Secretary of State

**Entity Name:** MILL SWAMP STILL HUNTING CLUB, INC.

**Current Principal Place of Business:**

P O BOX 1536  
109 BARBER AVENUE  
CROSS CITY, FL 326281536 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 1536  
109 BARBER AVENUE  
CROSS CITY, FL 326281536 US

**New Mailing Address:**

**FEI Number:** 59-2627042 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **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:**

**Name and Address of New Registered Agent:**

LILES JR, JARRETT H  
PO BX 340 HORSE SHOE RD  
CROSS CITY, FL 32628 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LILES JR., JARRETT H  
Address: PO BOX 340 HORSE SHOE RD  
City-St-Zip: CROSS CITY, FL 32628

Title: V ( ) Delete  
Name: UNDERHILL, LARRY W  
Address: SUWANNEE LUMBER RD  
City-St-Zip: CROSS CITY, FL 32628

Title: ST ( ) Delete  
Name: BARBER, MARTIN C SR  
Address: P.O. BOX 1146 N/A  
City-St-Zip: CROSS CITY, FL 32628

Title: D ( ) Delete  
Name: FUTCH, JAMES M III  
Address: P O BOX 2193  
City-St-Zip: CROSS CITY, FL 32628

Title: D ( ) Delete  
Name: WYCOFF, ARTHUR  
Address: PO BOX 2607 CEDAR STREET  
City-St-Zip: CROSS CITY, FL 32628

Title: D ( ) Delete  
Name: CRISE, AL  
Address: HC 4 BOX 35  
City-St-Zip: OLD TOWN, FL 32680

**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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARTIN C BARBER SR

S/T

06/30/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date