

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766733

FILED
Mar 16, 2006
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 ()

Name and Address of Current Registered Agent:

LILES JR, JARRETT H
PO BX 340 HORSE SHOE RD
CROSS CITY, FL 32628 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: 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: V (X) Change () Addition
Name: CARRIER, STANLEY W
Address: RT 2 BOX 442
City-St-Zip: MICANOPY, FL 32667

Title: ST (X) Change () Addition
Name: BARBER, MARTIN C SR
Address: P.O. BOX 1146 15 NE 244TH STREET
City-St-Zip: CROSS CITY, FL 32628

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

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

Title: D (X) Change () Addition
Name: CRISE, AL
Address: 398 NE 649TH STREET
City-St-Zip: OLD TOWN, FL 32680

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

ST

03/16/2006

Electronic Signature of Signing Officer or Director

Date