2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#766733

FILED Feb 03, 2009 Secretary of State

Entity Name: MILL SWAMP STILL HUNTING CLUB, INC.

Current Principal Place of Business: New Principal Place of Business: P O BOX 1536 15 NE 244TH STREET 109 BARBER AVENUE US CROSS CITY, FL 32628 CROSS CITY, FL 326281536 US **New Mailing Address: Current Mailing Address:** P O BOX 1536 15 NE 244TH STREET 109 BARBER AVENUE CROSS CITY, FL 32628 US CROSS CITY, FL 326281536 US FEI Number: 59-2627042 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () 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 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition LILES JR., JARRETT H Name: Name: PO BOX 340 HORSE SHOE RD Address: Address: City-St-Zip: CROSS CITY, FL 32628 City-St-Zip: Title: () Delete Title: (X) Change () Addition CARRIER, STANLEY W Name: UNDERHILL, LARRY W Name: Address: RT 2 BOX 442 Address: 777 SW 10TH STREET City-St-Zip: MICANOPY, FL 32667 City-St-Zip: CROSS CITY, FL 32628 Title: () Delete Title: () Change () Addition BARBER, MARTIN C SR Name: Name: 15 NE 244TH STREET Address: Address: City-St-Zip: CROSS CITY, FL 32628 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: NORMAN, JEFFERY Name: ROLLISON, DWAYNE 3001 SE LAKE WEIR RD 457 CR351A SOUTH Address: Address: City-St-Zip: OCALA, FL 34471 City-St-Zip: CROSS CITY, FL 32628 Title: () Delete Title: (X) Change () Addition CLARK, ROBERT KIRK, JOHN Name: Name: 2007 NW 258 DRIVE 1591 SE 182D TERR Address: Address: HIGH SPRINGS, FL 32643 City-St-Zip: City-St-Zip: WILLISTON, FL 32696 Title: () Delete Title: () Change () Addition CRISE AL Name: Name: Address: 398 NE 649TH STREET Address: OLD TOWN, FL 32680 City-St-Zip: City-St-Zip:

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: MARTIN C BARBER SR ST 02/03/2009