

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766919

FILED
Jun 06, 2010
Secretary of State

Entity Name: SHIRED ISLAND HUNTING CLUB, INC.

Current Principal Place of Business:

LARRY EDMONDS
773 NE HWY 351
CROSS CITY, FL 32628 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 310
CROSS CITY, FL 32628 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**
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:

EDMONDS, LARRY
773 NE 351 HWY
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: PD
Name: EDMONDS, LARRY
Address: 773 NE HWY 351
City-St-Zip: CROSS CITY, FL 32628

Title: D
Name: OVERSTREET, LOUIS
Address: 9469 SW 10TH AVE.
City-St-Zip: TRENTON, FL 32693

Title: D
Name: OSTEEN, CHRIS
Address: 824 NE 197TH AVE.
City-St-Zip: OLD TOWN, FL 32680

Title: D
Name: CANNON, CHRIS
Address: 31 SW 128TH ST
City-St-Zip: CROSS CITY, FL 32628

Title: D
Name: CANNON, J D
Address: 115 SE 60TH AVE.
City-St-Zip: CROSS CITY, FL

Title: STD
Name: OSTEEN, GEORGE M
Address: 352 NE 549TH ST.
City-St-Zip: OLD TOWN, FL 32680

I hereby 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 all other like empowered.

SIGNATURE: GEORGE M. OSTEEN

STD

06/06/2010

Electronic Signature of Signing Officer or Director

Date