2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2007
Secretary of State

DOCUMENT# 767256

Entity Name: CYPRESS RIDGE HUNTING CLUB, INC.

Current Principal Place of Business:

904 SW 398TH STREET
HORSESHOE BEACH, FL 32648

New Principal Place of Business:

Current Mailing Address:

PO BOX 2338
CROSS CITY, FL 32628

New Mailing Address:

FEI Number: 59-3463393 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

O'STEEN, KENNETH
904 SW 398TH STREET
HORSESHOE BEACH, FL 32648 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: PD ( ) Delete
Name: OSTEEN, DAVID
Address: ROUTE 1 BOX 179
City-St-Zip: HORSESHOE BEACH, FL 32648

Title: STD ( ) Delete
Name: O'STEEN, KENNETH
Address: 904 SW 398TH STREET
City-St-Zip: HORSESHOE BEACH, FL 32648

Title: D ( ) Delete
Name: BROWN, HERBERT
Address: ROUTE 1 BOX 101
City-St-Zip: HORSESHOE BEACH, FL 32648

Title: D ( ) Delete
Name: O'STEEN, MICHAEL
Address: 1123 NW FRONTIER DR.
City-St-Zip: LAKE CITY, FL 32055

Title: D ( ) Delete
Name: O'STEEN, DANNY
Address: PO BOX 1563
City-St-Zip: CROSS CITY, FL 32628

Title: VPD ( ) Delete
Name: ROLLISON, GLENN
Address: ROUTE 1 BOX 160
City-St-Zip: HORSESHOE BEACH, FL 32648

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 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: M. MICHAEL O'STEEN SEC. 01/17/2007
Electronic Signature of Signing Officer or Director — Date