

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 31, 2007 8:00 am**  
**Secretary of State**

01-31-2007 90032 018 \*\*\*\*61.25

**DOCUMENT # 767727**

1. Entity Name  
**RAMSEY BEND HUNTING CLUB, INC.**



Principal Place of Business  
**SOUTH OF US 19 AND EAST OF SR 358**  
**CROSS CITY, FL 32628 US**

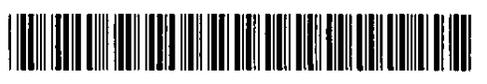
Mailing Address  
**P.O. BOX 224**  
**CROSS CITY, FL 32628-0224 US**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country

40000000



01062007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-2669992**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**SMITH, LARRY C**  
**59 NE 218 AVE**  
**CROSS CITY, FL 32628**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	P	<input type="checkbox"/> Delete
NAME	VALENTINE, BRANTLEY	
STREET ADDRESS	P.O. BOX 1455 NA	
CITY-ST-ZIP	CROSS CITY, FL 32628	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SMITH, LARRY C	
STREET ADDRESS	P.O. BOX 1855 NA	
CITY-ST-ZIP	CROSS CITY, FL 32628	
TITLE	VP	<input type="checkbox"/> Delete
NAME	VALENTINE, JACKIE	
STREET ADDRESS	P.O. BOX 1956	
CITY-ST-ZIP	CROSS CITY, FL 32628	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROCK, JAMES V	
STREET ADDRESS	P.O. BOX 1718 NA	
CITY-ST-ZIP	CROSS CITY, FL 32628	
TITLE	D	<input type="checkbox"/> Delete
NAME	OWENS, ROBERT W	
STREET ADDRESS	PO BOX 534	
CITY-ST-ZIP	CROSS CITY, FL 32628	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, TIM	
STREET ADDRESS	10630 LELAND HAWES RD.	
CITY-ST-ZIP	THONOTOSASSA, FL	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Larry C. Smith **1-12-07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #