

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767727

FILED
Apr 27, 2009
Secretary of State

Entity Name: RAMSEY BEND HUNTING CLUB, INC.

Current Principal Place of Business:

SOUTH OF US 19 AND EAST OF SR 358
CROSS CITY, FL 32628 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 224
CROSS CITY, FL 326280224 US

New Mailing Address:

FEI Number: 59-2669992

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, LARRY C
59 NE 218 AVE
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: VALENTINE, BRANTLEY
Address: P.O. BOX 1455 NA
City-St-Zip: CROSS CITY, FL 32628

Title: ST () Delete
Name: SMITH, LARRY C
Address: P.O. BOX 1855 NA
City-St-Zip: CROSS CITY, FL 32628

Title: VP () Delete
Name: VALENTINE, JACKIE
Address: P.O. BOX 1956
City-St-Zip: CROSS CITY, FL 32628

Title: D () Delete
Name: BROCK, JAMES V
Address: P.O. BOX 1718 NA
City-St-Zip: CROSS CITY, FL 32628

Title: D () Delete
Name: OWENS, ROBERT W
Address: PO BOX 534
City-St-Zip: CROSS CITY, FL 32628

Title: D () Delete
Name: JONES, TIM
Address: 10630 LELAND HAWES RD.
City-St-Zip: THONOTOSASSA, FL

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
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City-St-Zip:

Title: () Change () Addition
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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 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: LARRY C SMITH

ST

04/27/2009

Electronic Signature of Signing Officer or Director

Date