


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 08:00 AM
Secretary of State

DOCUMENT # 768026	
1. Entity Name CALIFORNIA SWAMP HUNTING CLUB, INC.	

Principal Place of Business P.O. BOX 546 99 NE 121 STREET CROSS CITY, FL 32628-0546	Mailing Address P.O. BOX 546 99 NE 121 STREET CROSS CITY, FL 32628-0546
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01052007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2330789	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HUNT, RONNIE 215 SE 653 STREET OLD TOWN, FL 32680

**DO NOT WRITE
IN THIS SPACE**

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

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

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LORD, LARRY 476 KEVIN DR ORANGE PARK, FL 32073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRYANT, THOMAS 8369 SW 80TH AVE TRENTON, FL 32693
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BELLOT, ARTHUR 188 SE 55A HWY OLD TOWN, FL 326804114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HUNT, RONNIE 215 SE 653 ST OLD TOWN, FL 32680
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, ARCHIE P.O. BOX 1020-ION RANDALL KEEN RD CROSS CITY, FL 326281020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STOREY, ROGER P.O. BOX 1314 2010 N BOUNDARY RD CROSS CITY, FL 326281314

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01/09/07-80038-016 61.25

**DO NOT WRITE
IN THIS SPACE**

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: Arthur Bellet Arthur Bellet 1/5/07 352-498-1426
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #