


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 06, 2008 8:00 am**  
**Secretary of State**

05-06-2008 90035 031 \*\*\*\*61.25

<b>DOCUMENT # 768026</b> 1. Entity Name <b>CALIFORNIA SWAMP HUNTING CLUB, INC.</b>					
Principal Place of Business <b>P.O. BOX 546 99 NE 121 STREET CROSS CITY, FL 32628-0546</b>			Mailing Address <b>P.O. BOX 546 99 NE 121 STREET CROSS CITY, FL 32628-0546</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>HUNT, RONNIE 215 SE 653 STREET OLD TOWN, FL 32680</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD LORD, LARRY 476 KEVIN DR ORANGE PARK, FL 32073</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BRYANT, THOMAS 8369 SW 80TH AVE TRENTON, FL 32693</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD BELL, ARTHUR 188 SE 55A HWY OLD TOWN, FL 326804114</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD HUNT, RONNIE 215 SE 653 ST OLD TOWN, FL 32680</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LEE, ARCHIE P.O. BOX 1020-ION RANDALL KEEN RD CROSS CITY, FL 326281020</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D STOREY, ROGER P.O. BOX 1314 2010 N BOUNDARY RD CROSS CITY, FL 326281314</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Larry Wallace P.O. Box 1807 2282 SE 351 Hwy Cross City, FL 32628</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Dale Colson P.O. Box 116 201 SE 870 Ave Suwannee, FL 32692</b>				
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.					
<b>SIGNATURE: _____</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
<div style="display: flex; justify-content: space-between;"> <span><b>4/25/08</b></span> <span><b>352-498-1426</b></span> </div>					