

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768026

FILED
Jan 26, 2009
Secretary of State

Entity Name: CALIFORNIA SWAMP HUNTING CLUB, INC.

Current Principal Place of Business:

P.O. BOX 546
99 NE 121 STREET
CROSS CITY, FL 326280546

New Principal Place of Business:

99 NE 121 STREET
SUITE 1
CROSS CITY, FL 326280546

Current Mailing Address:

P.O. BOX 546
99 NE 121 STREET
CROSS CITY, FL 326280546

New Mailing Address:

FEI Number: 59-2330789 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HUNT, RONNIE
215 SE 653 STREET
OLD TOWN, FL 32680 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: LORD, LARRY
Address: 476 KEVIN DR
City-St-Zip: ORANGE PARK, FL 32073

Title: D () Delete
Name: WALLACE, LARRY
Address: POB 1807; 2287 SE 351 HWY
City-St-Zip: CROSS CITY, FL 32628

Title: STD () Delete
Name: BELLOT, ARTHUR
Address: 188 SE 55A HWY
City-St-Zip: OLD TOWN, FL 326804114

Title: VPD () Delete
Name: HUNT, RONNIE
Address: 215 SE 653 ST
City-St-Zip: OLD TOWN, FL 32680

Title: D () Delete
Name: LEE, ARCHIE
Address: P.O. BOX 1020-ION RANDALL KEEN RD
City-St-Zip: CROSS CITY, FL 326281020

Title: D () Delete
Name: COLSON, DALE
Address: 201 SE 87 AVE
City-St-Zip: SUWANNEE, FL 32692

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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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 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: ARTHUR BELLOT

ST

01/26/2009

Electronic Signature of Signing Officer or Director

Date