2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

7/18/2005-90041-040-$61.25-$61.25

FILED

05 SEP 15 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # 770947

1. Entity Name
BLACKPOWDER HUNTING CLUB, INC.

Principal Place of Business	Mailing Address
P O BOX 1885 ALACHUA, FL 32616 US	P O BOX 1885 ALACHUA, FL 32616 US

07132005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2874589

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CAMPBELL, JOSPEH G JR
16920 NW 70TH AVE.
ALACHUA, FL 32615

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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 September 7, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CAMPBELL, JOSEPH G JR
STREET ADDRESS	~~16920 NW 70TH AVE.~~ 13608 NW 218th Lane
CITY-ST-ZIP	ALACHUA, FL 32615
TITLE	DV
NAME	BAYLES, HOWARD
STREET ADDRESS	P O BOX 1885
CITY-ST-ZIP	ALACHUA, FL 32616
TITLE	T
NAME	LOPER, ERROL
STREET ADDRESS	10704 NW CR 236
CITY-ST-ZIP	ALACHUA, FL 32615
TITLE	S
NAME	FERGUSON, TIM
STREET ADDRESS	18710 E CR 1474
CITY-ST-ZIP	HAWTHORNE, FL 32640
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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09/20/05--01046--025 **61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Joseph G Campbell Jr 8-1-05 386-462-1779
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #