

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002224

FILED
Apr 21, 2009
Secretary of State

Entity Name: CHARLES F. HAMBLEN CLUB, INC.

Current Principal Place of Business:

ONE ANDERSON CIRCLE
ST AUGUSTINE, FL 32084 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2204
ST. AUGUSTINE, FL 320852204 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEGGITT, RUBEN
1 ANDERSON CIRCLE
SAINT AUGUSTINE, FL 32084 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: D S () Delete
Name: HAMMELL, FRANK
Address: 1 ANDERSON CIRCLE
City-St-Zip: ST AUGUSTINE, FL 32084

Title: T () Delete
Name: TAYLOR, EDWARD
Address: 1 ANDERSON CIRCLE
City-St-Zip: ST AUGUSTINE, FL 32084

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MEGGITT, RUBEN A
Address: 1 ANDERSON CIRCLE
City-St-Zip: ST AUGUSTINE, FL 32084

Title: D (X) Change () Addition
Name: HANCHETT, JERRY M
Address: 1 ANDERSON CIRCLE
City-St-Zip: ST AUGUSTINE, FL 32084

Title: D () Change (X) Addition
Name: GULLETTE SR., JOE R
Address: 1 ANDERSON CIRCLE
City-St-Zip: ST AUGUSTINE, FL 32084

Title: D () Change (X) Addition
Name: HUMMEL, FRANKIE
Address: 1 ANDERSON CIRCLE
City-St-Zip: ST AUGUSTINE, FL 32084

Title: D () Change (X) Addition
Name: GAMEL, JEFFERY A
Address: 1 ANDERSON CIRCLE
City-St-Zip: ST AUGUSTINE, FL 32084

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: RUBEN A MEGGITT

PRES

04/21/2009

Electronic Signature of Signing Officer or Director

Date