## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED Feb 28, 2008 08:00 AM Secretary of State DOCUMENT # N00000004906 1. Entity Name DOVE SPORTSMAN CLUB, INC. Principal Place of Business Mailing Address 4411 N.W. 18TH PLACE 4411 N.W. 18TH PLACE GAINESVILLE FL 32605 **GAINESVILLE FL 32605** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State 4. FE! Number Applied For 59-3662327 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name OEHMIG, EDWARD W Street Address (P.O. Box Number is Not Acceptable) 4411 N.W. 18TH PLACE **GAINESVILLE FL 32605** City Zip Code 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 argument title if applicable. (NOTE: Bug stored Agont signature reducted when reinstating) DATE u ropuku ran propinsi birakir FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2008 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE TITLE ☐ Delete Change Addition U00000842603 OEHMIG, EDWARD W NAME NAME 03/11/08-80037-018 61.25 4411 N.W. 18TH PLACE STREET ADDRESS STREET ADDRESS GAINESVILLE FL 32605 CITY-ST-7IP CITY-ST-7P Change ☐ Addition TITLE ☐ Deinte TITLE WATSON, ROBERT F NAME MAME 1910 N.W. 23RD TERRACE STREET ADDRESS STREET ACCRESS GAINESVILLE FL 32605 CITY-ST-7IP CITY-ST-ZIP 🗔 Calete - -Change Mddition TITLE TITLE CURTIS, RYAN NAME NAME 12104 NW 1ST LANE STREET ADDRESS STREET ADDRESS GAINESVILLE FL 32606 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change action [ ] 1111 NAVE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THIC Delete Change incitibbA [1] UTLE NAME NAME STREET AUDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZiP ☐ Change THILE Addition ☐ Delete TITLE NAME NAME STREET AUDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 of trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11

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