

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008308

FILED
Mar 27, 2009
Secretary of State

Entity Name: GOPHER RIDGE HUNTING ASSOCIATION, INC.

Current Principal Place of Business:

C/O CLYDE EDWARDS
1285 COUNTY ROAD 204
HASTINGS, FL 32145

New Principal Place of Business:

Current Mailing Address:

C/O CLYDE EDWARDS
PO BOX 983
HASTINGS, FL 32145

New Mailing Address:

FEI Number: 59-1463404

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EDWARDS, CLYDE
1285 COUNTY RD
HASTING, FL 32204 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: BYRD, TERRY
Address: 7955 CR 13 S
City-St-Zip: HASTINGS, FL 32145

Title: VTD () Delete
Name: EDWARDS, CLYDE
Address: 1285 CR 204
City-St-Zip: HASTINGS, FL 32145

Title: SD () Delete
Name: HOLCOMB, DONALD
Address: 5840 DATIL PEPPER RD
City-St-Zip: SAINT AUGUSTINE, FL 32086

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:

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: CLYDE EDWARDS

VTD

03/27/2009

Electronic Signature of Signing Officer or Director

Date