

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001748

FILED
Mar 12, 2007
Secretary of State

Entity Name: TENNANT PASTURE SPORTSMAN CLUB INC.

Current Principal Place of Business:

5880 ROCKAWAY CREEK RD.
MCDAVID, FL 32568

New Principal Place of Business:

Current Mailing Address:

5880 ROCKAWAY CREEK RD.
MCDAVID, FL 32568

New Mailing Address:

FEI Number: 59-3712972

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BROWN, DEWAYNE
5880 ROCKAWAY CREEK RD.
MCDAVID, FL 32568 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: BROWN, DEWAYNE
Address: 5880 ROCKAWAY CREEK RD
City-St-Zip: MC DAVID, FL 32568

Title: SD () Delete
Name: BROWN, PAM
Address: 5880 ROCKAWAY CREEK RD
City-St-Zip: MC DAVID, FL 32568

Title: D () Delete
Name: CEREAL, DANIELS
Address: 206 6TH AVE
City-St-Zip: ATMORE, AL 36502

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 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: DEWAYNE BROWN

PD

03/12/2007

Electronic Signature of Signing Officer or Director

Date