

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 01, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N01000003675**

1. Entity Name  
**BIG SLOUGH HUNTING CLUB, INC.**



Principal Place of Business  
**P.O. BOX 3243  
LAKE CITY, FL 32056**

Mailing Address  
**P.O. BOX 3243  
LAKE CITY, FL 32056**



07302007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
**Not Applicable**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**COTTRILL, G. TODD  
200 W FORSYTH STE 1400  
JACKSONVILLE, FL 32202**

**DO NOT WRITE  
IN THIS SPACE**

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 agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
BYRD, DAVID L  
P.O. BOX 3243  
LAKE CITY, FL 32056**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
PARKS, ROBERT L  
10772 W ST MARYS CIR  
MACCLENNY, FL 32063**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PST  
SOUTHALL, PETER D  
417 NW BRADY CIRCLE  
LAKE CITY, FL 32055**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000771129  
08/01/07-80006-002 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*David L Byrd* 7-30-2007  
(386) 755-9246