

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 28, 2006 08:00 AM
Secretary of State

DOCUMENT # N01000003727

1. Entity Name
BAY LAKE CONSERVATION, FISHING, & HUNTING, INC.



Principal Place of Business
**PO BOX 985
FT MCCOY, FL 32134-0985**

Mailing Address
**PO BOX 985
FT MCCOY, FL 32134-0985**



07252006 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**RYALS, RAY
6314 N BLACK DAIRY RD
SEFFNER, FL 33584**

**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 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	RYALS, RAY
STREET ADDRESS	PO BOX 985
CITY-ST-ZIP	FT MCCOY, FL 321340985

TITLE	D
NAME	WALDRON, JOHN
STREET ADDRESS	PO BOX 202
CITY-ST-ZIP	ORANGE SPRINGS, FL 321820202

TITLE	D
NAME	BENNER, RICK
STREET ADDRESS	PO BOX 443
CITY-ST-ZIP	FORT MC COY, FL 32134

TITLE	D
NAME	RYALS, JERRY
STREET ADDRESS	6314 N BLACK DAIRY RD
CITY-ST-ZIP	SEFFNER, FL 33584

TITLE	D
NAME	HARTZNER, CHARLIE
STREET ADDRESS	17008 MELBA LANE
CITY-ST-ZIP	LUTZ, FL 33549

TITLE	D
NAME	WALDRON, JIMMY
STREET ADDRESS	FT L BOX 6000
CITY-ST-ZIP	FT MCCOY, FL 32134

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07/28/06-80003-006 70.00

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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:

Ray Ryals

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-25-06

Date

813-626-4638

Daytime Phone #