2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 08:00 AM
Secretary of State

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1. Entity Name
GULF HAMMOCK HUNTERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
7769 N. BRAHMA TERR. CRYSTAL RIVER, FL 34428-6845	7769 N. BRAHMA TERR. CRYSTAL RIVER, FL 34428-6845

02062006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
65-1130399
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HOBBY, H. CLYDE
5709 TIDALWAVE DR.
NEW PORT RICHEY, FL 346526845

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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 May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PROVEAUX, FRANCIS B
STREET ADDRESS	7769 N. BRAHMA TERR.
CITY-ST-ZIP	CRYSTAL RIVER, FL 344286845
TITLE	VD
NAME	MAINWARING, JOHN E
STREET ADDRESS	4555 NW 100TH AVE.
CITY-ST-ZIP	CHIEFLAND, FL 326266960
TITLE	VD
NAME	GOMEZ, BOB
STREET ADDRESS	P. O. BOX 365
CITY-ST-ZIP	INGLIS, FL 34449
TITLE	SD
NAME	OLSON, MIKE
STREET ADDRESS	P. O. BOX 145
CITY-ST-ZIP	ELFERS, FL 346800145
TITLE	TD
NAME	BAILLIE, J.S. JR.
STREET ADDRESS	2153 GRAND BLVD.
CITY-ST-ZIP	HOLIDAY, FL 346904554
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/24/06-80009-024 61.25

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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: J. S. BAILLIE, JR., TREASURER 3/10/06 (727)937-6650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #