

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 09, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N01000005155**

1. Entity Name  
**GULF HAMMOCK HUNTERS ASSOCIATION, INC.**



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

Mailing Address  
**7769 N. BRAHMA TERR.  
CRYSTAL RIVER, FL 34428-6845**

**DO NOT WRITE IN THIS SPACE**



01242007 No Chg-NP CR2E037 (4/06)

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 34652-6845**

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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 May 1, 2007**

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

U00000623467  
02/19/07-80002-007 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.

2/6/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #