


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 16, 2004 8:00 am**  
**Secretary of State**

08-16-2004 90015 021 \*\*\*\*61.25

**DOCUMENT # N02000005744**

1. Entity Name  
RICHLOAM SPORTSMAN ASSOCIATION, INC.



Principal Place of Business  
P.O. BOX 405  
LACOOCHEE, FL 33537

Mailing Address  
P.O. BOX 405  
LACOOCHEE, FL 33537

**44051981**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

07212004 Chg-NP CR2E037 (10/03)

City & State  
Zip Country

4. FEI Number  
32-0002600

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

GALLAGHER, ED  
7426 S E 112TH RD  
CENTER HILL, FL 33514

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by September 8, 2004**

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

**Make check payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE PD  Delete  
NAME GALLAGHER, ED  
STREET ADDRESS 7426 S E 112TH RD  
CITY-ST-ZIP CENTER HILL, FL 33514

Change  Addition

TITLE TD  Delete  
NAME GIBSON, THERESIA  
STREET ADDRESS P.O. BOX 401  
CITY-ST-ZIP LACOOCHEE, FL 33537

Change  Addition

TITLE D  Delete  
NAME HATFIELD, BOB  
STREET ADDRESS 13405 - 10TH ST  
CITY-ST-ZIP DADE CITY, FL 33525

Board Member  Change  Addition  
NAME Chip Oliver  
STREET ADDRESS PO Box 861  
CITY-ST-ZIP Lacoochee, FL 33537

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Ed Gallagher*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-12-04 352-429-9505  
Date Daytime Phone #