


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 26, 2005 08:00 AM
Secretary of State

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

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08222005 No Chg-NP CR2E037 (10/03)

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

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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: Ed Gallagher DATE: 8-23-05
Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$81.25
Due by September 7, 2005

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	PD GALLAGHER, ED 7426 S E 112TH RD CENTER HILL, FL 33514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GIBSON, THERESIA P.O. BOX 401 LACOOCHEE, FL 33537
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM OLIVER, CHIP P.O. BOX 861 LACOOCHEE, FL 33537
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 DATE: 8-23-05 Daytime Phone #: 352-429-9505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR