


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000005744 1. Entity Name RICHLOAM SPORTSMAN ASSOCIATION, INC.	
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FILED

06 SEP 20 PM 2: 32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business P.O. BOX 405 LACOCHEE, FL 33537	Mailing Address P.O. BOX 405 LACOCHEE, FL 33537
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09142006 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 32-0002600	Applied For <input 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

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by September 15, 2006

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

10. OFFICERS AND DIRECTORS

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

DO NOT WRITE
IN THIS SPACE

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09/26/06--01063--001 **69.00

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: Ed Gallagher 9-15-06 352-457-7016

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #