

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000005744

**FILED**  
**Sep 28, 2009**  
**Secretary of State**

**Entity Name:** RICHLOAM SPORTSMAN ASSOCIATION, INC.

**Current Principal Place of Business:**

34220 LONG CR  
WEBSTER, FL 33597

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 405  
LACOOCHEE, FL 33537

**New Mailing Address:**

**FEI Number:** 32-0002600      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

CROUCH, DANIEL  
34220 LONG CR  
WEBSTER, FL 33597      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: DANIEL CROUCH

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: CROUCH, DANIEL G  
Address: 34220 LONG CR  
City-St-Zip: WEBSTER, FL 33597

Title: TD      ( ) Delete  
Name: GIBSON, THERESIA  
Address: P.O. BOX 401  
City-St-Zip: LACOOCHEE, FL 33537

Title: BM      ( ) Delete  
Name: OLIVER, CHIP  
Address: P.O. BOX 861  
City-St-Zip: LACOOCHEE, FL 33537

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANIEL CROUCH

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PD

09/28/2009

\_\_\_\_\_  
Date