

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 24, 2005 8:00 am**  
**Secretary of State**

02-24-2005 90037 030 \*\*\*\*61.25

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02092005 Chg-NP CR2E037 (10/03)

<b>DOCUMENT # N02202</b> 1. Entity Name <b>CITRUS SPORTSMAN'S CLUB, INC.</b>					
Principal Place of Business 901 N VENTURI AVE P.O. BOX 1484 CRYSTAL RIVER, FL 34423			Mailing Address 901 N VENTURI AVE P.O. BOX 1484 CRYSTAL RIVER, FL 34423		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number <b>59-2724293</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LYONS, WILLIAM 901 N VENTURI AVE CRYSTAL RIVER, FL 34429				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PTD		TITLE	PTD	
NAME	WILLIAMS, JOHN		NAME	WILLIAMS, JOHN	
STREET ADDRESS	413 N. VENTURI AVE.		STREET ADDRESS	660 N. CITRUS AVENUE	
CITY - ST - ZIP	CRYSTAL RIVER, FL		CITY - ST - ZIP	CRYSTAL RIVER, FL 34428	
TITLE	D		TITLE		
NAME	LYONS, WILLIAM		NAME		
STREET ADDRESS	901 N. VENTURI AVE.		STREET ADDRESS		
CITY - ST - ZIP	CRYSTAL RIVER, FL		CITY - ST - ZIP		
TITLE	SD		TITLE		
NAME	SMITH, JOE B		NAME		
STREET ADDRESS	1630 N HWY 1		STREET ADDRESS		
CITY - ST - ZIP	INVERNESS, FL		CITY - ST - ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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: <i>John H. Williams</i>			2/10/05 352-795-3242		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		