

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N02202**

1. Entity Name  
CITRUS SPORTSMAN'S CLUB, INC.



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



01102008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2724293

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

LYONS, WILLIAM  
901 N VENTURI AVE  
CRYSTAL RIVER, FL 34429

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

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  
PTD  
WILLIAMS, JOHN  
413 N. VENTURI AVE.  
CRYSTAL RIVER, FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
LYONS, WILLIAM  
901 N. VENTURI AVE.  
CRYSTAL RIVER, FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
SD  
SMITH, JOE B  
1630 N HWY 1  
INVERNESS, FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

000000792583  
01/24/08-80013-016 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*John H. Williams, Jr.* Pres. 1/17/08 352-795-3212