

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02202

FILED  
Jan 17, 2009  
Secretary of State

Entity Name: CITRUS SPORTSMAN'S CLUB, INC.

## Current Principal Place of Business:

901 N VENTURI AVE  
P.O. BOX 1484  
CRYSTAL RIVER, FL 34423

## New Principal Place of Business:

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

## Current Mailing Address:

901 N VENTURI AVE  
P.O. BOX 1484  
CRYSTAL RIVER, FL 34423

## New Mailing Address:

FEI Number: 59-2724293      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LYONS, WILLIAM  
901 N VENTURI AVE  
CRYSTAL RIVER, FL 34429      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete  
Name: WILLIAMS, JOHN,  
Address: 413 N. VENTURI AVE.  
City-St-Zip: CRYSTAL RIVER, FL

Title: D ( ) Delete  
Name: LYONS, WILLIAM  
Address: 901 N. VENTURI AVE.  
City-St-Zip: CRYSTAL RIVER, FL

Title: SD ( ) Delete  
Name: SMITH, JOE B  
Address: 1630 N HWY 1  
City-St-Zip: INVERNESS, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition  
Name: WILLIAMS, JOHN,  
Address: P.O. BOX 381  
City-St-Zip: CRYSTAL RIVER, FL 34423 US

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

Title: SD (X) Change ( ) Addition  
Name: SMITH, JOE B  
Address: 124 N CITRUS AVE  
City-St-Zip: CRYSTAL RIVER, FL 34428 US

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: JOHN H WILLIAMS

PRES

01/17/2009

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

\_\_\_\_\_  
Date