

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90069 003 \*\*\*150.00

**DOCUMENT # N03000000696**

1. Entity Name  
DIP-N-VAT HUNTING CLUB, INC.



Principal Place of Business  
17356 SE 349 HWY.  
OLD TOWN, FL 32680

Mailing Address  
P.O. BOX 1448  
OLD TOWN, FL 32680

**50001124**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

02252008 Chg-NP CR2E037 (12/06)

4. FEI Number  
59-3618679 Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRIDGES, JOHNNY A  
17356 SW 349 HWY.  
OLD TOWN, FL 32680

7. Name and Address of New Registered Agent

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

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**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ST  
NAME CORBIN, JEFF ☐ Delete  
STREET ADDRESS 252 NE 200 AVE  
CITY-ST-ZIP OLD TOWN, FL 32680

TITLE VP  
NAME DYALS, BENNY ☐ Delete  
STREET ADDRESS PO BOX 462 NA  
CITY-ST-ZIP OLD TOWN, FL 32680

TITLE P  
NAME BRIDGES, JOHNNY A ☐ Delete  
STREET ADDRESS 17356 SE 349 HWY.  
CITY-ST-ZIP OLD TOWN, FL 32680

TITLE D  
NAME KEEN, DAVID ☐ Delete  
STREET ADDRESS 923 NE 592 ST  
CITY-ST-ZIP OLD TOWN, FL 32680

TITLE D  
NAME CORBIN, WESLEY ☐ Delete  
STREET ADDRESS 31 SE 189 AVE  
CITY-ST-ZIP OLD TOWN, FL 32680

TITLE D  
NAME STROUP, BOBBY ☐ Delete  
STREET ADDRESS HC 3 BOX 242  
CITY-ST-ZIP OLD TOWN, FL 32680

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Warren J. Corbin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Warren J. Corbin  
Secretary-Treasurer 3.19.08

Date

Daytime Phone #