

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001978

FILED
Mar 02, 2009
Secretary of State

Entity Name: TOOL BAY HUNTING CLUB, INC.

Current Principal Place of Business:

HINES HWY.
MAYO, FL 32066

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 257
MAYO, FL 32066

New Mailing Address:

FEI Number: 04-3742961

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALKER, JEFF
HINES HWY.
468 S.W. INDEPENDENCE RD.
MAYO, FL 32066 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: P () Delete
Name: WALKER, JEFF
Address: HINES HWY.
City-St-Zip: MAYO, FL 32066

Title: V () Delete
Name: BYRD, PAUL
Address: HINES HWY.
City-St-Zip: MAYO, FL 32066

Title: ST () Delete
Name: LAWSON, BOBBY
Address: HINES HWY.
City-St-Zip: MAYO, FL 32066

Title: D () Delete
Name: LAWSON, RAYMOND
Address: HINES HWY.
City-St-Zip: MAYO, FL 32066

Title: D () Delete
Name: TOMPKINS, MATT
Address: HINES HWY.
City-St-Zip: MAYO, FL 32066

Title: D () Delete
Name: HICKMAN, MICHAEL
Address: HINES HWY.
City-St-Zip: MAYO, FL 32066

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:

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

Title: () Change () Addition
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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: JEFF WALKER

PRES

03/02/2009

Electronic Signature of Signing Officer or Director

Date