## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 06, 2008 8:00 am **Secretary of State** DOCUMENT # N03000002534 1. Entity Name 03-06-2008 90043 026 \*\*\*\*70.00 PROYAL GORGE HUNTING CLUB INC. fincipal Place of Business Mailing Address 1394 NW CR 290 1394 NW CR 290 MAYO FL 32066 MAYO FL 32066 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State Applied For 4. FEI Number 45-0504090 Not Applicable Zip Country Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LAND, STEVE Street Address (P.O. Box Number is Not Acceptable) 1179 NW CR 290 MAYO FL 32066 City 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. 2/27/08 SIGNATURE Signature, typed or printed name of registered agent and the discoloration (NOTE: Registered Agent signature (column) when reinstitling) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2008 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Delate THILE TITLE Addition FOLSOM, EDGAR NAME NAME STREET ADDRESS 1394 NW CR 290 STREET ADDRESS MAYO FL 32066 CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition TITLE ☐ Change FOLSOM, EDGAR JR HAME NAME 1394 NW CR 290 STREET ADDRESS STREET ADDRESS MAYO FL 32066 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete 🅰 Change \_\_\_ Addition. WARD, LELAND NAME NAME STREET ADDRESS P O BOX 711 STREET ADDRESS CITY-ST-ZIP MAYO FL 32066 CITY - ST - ZiP TITLE Change ☐ Dalete TITLE ☐ Addition NAME HERRING, CECIL W NAME STREET ADDRESS 15465 N CO RD 346 STREET ADDRESS LIVE OAK FL 32060 CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

TITLE

NAME

DITE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZiP

Dalete

Delete

SIGNATURE: 2

TITLE

NALE

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Edgar Folson\_

3-3-08

☐ Change

☐ Change

☐ Addition

Addition

FILED