2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008
Secretary of State

DOCUMENT# N03000003246

Entity Name: HINES HUNTING CLUB, INC.

Current Principal Place of Business:

399 NE 300TH ST.
CROSS CITY, FL 32628

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 249
CROSS CITY, FL 32628

New Mailing Address:

FEI Number: 04-3752927 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

VARNES, SHANNON T
108 NE 218TH AVE
CROSS CITY, FL 32628 US

Name and Address of New Registered Agent:

VARNES, SHANNON T
1210 SW 2ND AVE
CHIEFLAND, FL 32626 US

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: SHANNON T. VARNES 05/01/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CARLISLE, THOMAS STANLEY
Address: PO BOX 561
City-St-Zip: NEWBERRY, FL 32669

Title: D ( ) Delete
Name: VARNES, SHANNON T
Address: 108 NE 218TH AVE
City-St-Zip: CROSS CITY, FL 32628

Title: D ( ) Delete
Name: RIELS, L. DWAYNE JR
Address: PO BOX 1474
City-St-Zip: CROSS CITY, FL 32628

Title: D ( ) Delete
Name: DOUGLAS, BRENT
Address: 1699 NE 90TH AVE
City-St-Zip: HIGH SPRINGS, FL 32643

Title: DV ( ) Delete
Name: CARLISLE, THOMAS STANLEY
Address: PO BOX 561
City-St-Zip: NEWBERRY, FL 32669

Title: D ( ) Delete
Name: HODGE, DAVID MARK
Address: 20604 SW 30TH AVE
City-St-Zip: NEWBERRY, FL 32669

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
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
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: SHANNON T. VARNES DIR 05/01/2008
Electronic Signature of Signing Officer or Director Date