

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003246

FILED
Apr 17, 2009
Secretary of State

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 ()

Name and Address of Current Registered Agent:

VARNES, SHANNON T
1210 SW 2ND AVE
CHIEFLAND, FL 32626 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: 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: PD (X) Change () Addition
Name: CARLISLE, THOMAS STANLEY
Address: 1513 LIME DR
City-St-Zip: MELBOURNE, FL 32935

Title: D (X) Change () Addition
Name: VARNES, SHANNON T
Address: 1210 SW 2ND AVE
City-St-Zip: CHIEFLAND, FL 32626

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

Title: D (X) Change () Addition
Name: LINDSEY, JASPER F JR.
Address: P.O. BOX 272
City-St-Zip: BELL, FL 32619

Title: DV (X) Change () Addition
Name: HURST, WENDELL
Address: 601 SE CR 357
City-St-Zip: MAYO, FL 32066

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

04/17/2009

Electronic Signature of Signing Officer or Director

Date