2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007893

Entity Name: BACKWOODS BEARS CLUB, INC.

Apr 27, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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21710 US HWY 98 DADE CITY, FL 33523

Current Mailing Address: New Mailing Address:

11471 BELVA ROAD JACKSONVILLE, FL 32218

FEI Number: 27-0036696 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HESTER, SHERMAN M JR 11471 BÉLVA ROAD JACKSONVILLE, FL 32218 US

OFFICERS AND DIRECTORS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete HESTER, SHERMAN M PRSIDEN SCOTT CHARLES PRSIDEN Name: Name: Address: 11471 BELVA ROAD Address: 425 PARKVIEW DRIVE SARASOTA, FL 34243 City-St-Zip: JACKSONVILLE, FL 32218 City-St-Zip:

Title: Title: (X) Change () Addition () Delete Name: JAWORSKI, GARY J VICE PR Name: JENNINGS, ROBERT VICE PR

Address: POST OFFICE BOX 2331 Address: 1291 CR LOT 7 LAKE PANASOFFKEE, FL 33538 City-St-Zip: DADE CITY, FL 33526 City-St-Zip:

Title: () Delete Title: (X) Change () Addition GOODRICH, JIM Name: GOODRICH, JIM Name:

1337 HUBBARD STREET Address: Address: 11471 BELVA ROAD City-St-Zip: JACKSONVILLE, FL 32206 City-St-Zip: JACKSONVILLE, FL 32218

Title: () Delete Title: CS (X) Change () Addition MULLENIX, JOSEPH E Name: Name: DIETRICH, BYRAN

402 SW 39TH TERRACE Address: P.O. BOX 2231 Address: City-St-Zip: DADE CITY, FL 33526 City-St-Zip: CAPE CORAL, FL 33914

Title: () Delete Title: () Change (X) Addition

DIETRICH, CHIP Name: Name: 402 SW 39TH TERRACE Address: Address: City-St-Zip: City-St-Zip: CAPE CORAL, FL 33914

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: SHERMAN M. HESTER, JR. RΑ 04/27/2007