

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007993

FILED
Aug 28, 2008
Secretary of State

Entity Name: MAGNOLIA HUNTING CLUB INC

Current Principal Place of Business:

17372 NW ANGLE ST
BLOUNTSTOWN, FL 32424

New Principal Place of Business:

Current Mailing Address:

17372 NW ANGLE ST
BLOUNTSTOWN, FL 32424

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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:

Name and Address of New Registered Agent:

HIRES, SHELBY
17372 NW ANGLE ST
BLOUNTSTOWN, FL 32424 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: HIRES, SHELBY
Address: 17372 NW ANGLE ST
City-St-Zip: BLOUNTSTOWN, FL 32424

Title: VPD () Delete
Name: HIRES, CHERIE
Address: 17373 NW ANGLE ST
City-St-Zip: BLOUNTSTOWN, FL 32424

Title: SD () Delete
Name: ADAMS, AMBER J
Address: 17372 NW ANGLE ST
City-St-Zip: BLOUNTSTOWN, FL 32424

Title: D () Delete
Name: DEROSIER, CARL
Address: 17848 NW MAGNOLIA RD
City-St-Zip: BLOUNTSTOWN, FL 32424

Title: D () Delete
Name: KENT, HERNADO C
Address: 18796 NE JIM DURHAM RD
City-St-Zip: BLOUNTSTOWN, FL 32424

Title: D () Delete
Name: HIRES, KATRINA
Address: 17372 NW ANGLE STREET
City-St-Zip: BLOUNTSTOWN, FL 32424

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: SHELBY HIRES

PTD

08/28/2008

Electronic Signature of Signing Officer or Director

Date