

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2008 08:00 AM
Secretary of State

DOCUMENT # N05000010630

1. Entity Name
CENTRAL FLORIDA / ALABAMA HUNT CLUB INC.



Principal Place of Business

4840 NE 10TH ST.
OCALA, FL 34470

Mailing Address

4840 NE 10TH ST.
OCALA, FL 34470



04102008 No Chg-NP

CR2E037 (4/06)

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4. FEI Number

13-4313187

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BEYER, TERRY
4840 NE 10TH ST.
OCALA, FL 34470

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BOWEN, BILLY
STREET ADDRESS	2141 NE 14TH ST.
CITY-ST-ZIP	OCALA, FL 34470
TITLE	V
NAME	BOWEN, LAWRENCE J
STREET ADDRESS	2141 NE 14TH ST.
CITY-ST-ZIP	OCALA, FL 34470
TITLE	TS
NAME	BOWEN, GREG
STREET ADDRESS	2141 NE 14TH ST.
CITY-ST-ZIP	OCALA, FL 34470
TITLE	D
NAME	NAZZARI, PHIL
STREET ADDRESS	3900 SE CT.
CITY-ST-ZIP	OCALA, FL 34470
TITLE	D
NAME	SMALLWOOD, CARL
STREET ADDRESS	7130 NW 35TH AVE. RD.
CITY-ST-ZIP	OCALA, FL 34475
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-08

Date

352 2368803

Daytime Phone #