2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # N05293

1. Entity Name

FLORABAMA HUNTING CLUB, INC.

FILED Mar 28, 2007 08:00 AN Secretary of State

Principal Place of Business

7111 MELBA ST.

PENSACOLA FL 32504 US

Mailing Address

7111 MELBA ST.

PENSACOLA, FL 32504

US



03252007 No Chg-NP

CR2E037 (4/06)

4. FEI Number 59-2451636 Applied For Not Applicable

5. Certificate of Status Desired

HAMILTON 3/24/07

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

HAMILTON, HAROLD 7111 MELBA ST. PENSACOLA, FL 32504

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.				Igent signature required when reinstaling) DATE	
	Filing Fee is \$61.25 Due by May 1, 2007	Election Campaign Financ Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	U00000681696 04/04/07-80055-004 61.25
10.	10. OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BONDURANT, JERRY 1771 W HWY 4 CENTURY, FL 32535				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACARTY, DAVID 2859 KECK RD. MOLINO, FL 32577				
TITLE NAME STREET ADDRESS CITY-ST-ZEP	D MCDANIEL, RICKY 1978 JORDAN ROAD FLOMATON, AL 36441		DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ABORESS CITY-ST-ZIP	PST HAMILTON, HAROLD 7111 MELBA ST. PENSACOLA, FL 32504				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PUGH, LARRY 5911 WILLARD NORRIS RD. MILTON, FL 32570				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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 comporation 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.					

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR