

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

**FILED**  
**Mar 12, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # N05293**

1. Entity Name  
**FLORABAMA HUNTING CLUB, INC.**



Principal Place of Business  
**7111 MELBA ST.  
PENSACOLA, FL 32504 US**

Mailing Address  
**7111 MELBA ST.  
PENSACOLA, FL 32504 US**

**DO NOT WRITE IN THIS SPACE**

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02292008 No Chg-NP

CR2E037 (4/06)

4. FEI Number  
**59-2451636**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. 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

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

(NOTE: Registered Agent signature required when reinstating)

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  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**D  
BONDURANT, JERRY  
1771 W HWY 4  
CENTURY, FL 32535**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**D  
MACARTY, DAVID  
2859 KECK RD.  
MOLINO, FL 32577**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**D  
MCDANIEL, RICKY  
1978 JORDAN ROAD  
FLOMATON, AL 36441**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**PST  
HAMILTON, HAROLD  
7111 MELBA ST.  
PENSACOLA, FL 32504**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**D  
PUGH, LARRY  
5911 WILLARD NORRIS RD.  
MILTON, FL 32570**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

U00000855819  
03/27/08-80065-008 70.00

**DO NOT WRITE  
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: Harold Hamilton / Harold Hamilton** 3/10/08 858-476-5196  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #