2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006442

FILED Apr 06, 2009 Secretary of State

Entity Name: THE FUTURE OF HUNTING IN FLORIDA, INC.

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
	PERIDGE WAY SSEE, FL 32308				
urrent Mailing Address:			New Mailing Addre	New Mailing Address:	
	FICE BOX 10949 SEE, FL 323022	949			
El Number	: 20-5116774	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
lame and	d Address of Cu	rrent Registered Agent:	Name and Address	of New Registered Agent:	
	JOHN D PERIDGE WAY SSEE, FL 32308	US			
	e named entity sul e of Florida.	omits this statement for the	purpose of changing its register	red office or registered agent, or both	
IGNATU	RE:				
	Electronic	Signature of Registered Ag	ent	Date	
FFICERS AND DIRECTORS:		ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO		
tle: ame: ddress: ity-St-Zip:	C () Do MARVIN, WILLIAM 2102 TRESCOTT TALLAHASSEE, F	1 DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
tle: ame: ddress: ity-St-Zip:	D () Do POWELL, BARBA 22951 SW 190 AV MIAMI, FL 33170	RA J	Title: Name: Address: City-St-Zip:	() Change () Addition	
	S () Do		Title: Name:	() Change () Addition	
tle: ame: ddress: ity-St-Zip:	501 E. TENNESSE TALLAHASSEE, F		Address: City-St-Zip:		
ame: ddress:	501 E. TENNESSE	L 32301 elete DOW CIR.		() Change () Addition	
ame: ddress: ity-St-Zip: tle: ame: ddress:	501 E. TENNESSE TALLAHASSEE, F T () DO ALLEN, JEFF 9388 LONG MEAD	L 32301 elete DOW CIR. H, FL 33436 elete	City-St-Zip: Title: Name: Address:	() Change () Addition () Change () Addition	

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: JOHN D. FULLER ED 04/06/2009