

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90043 024 ****61.25

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1. Entity Name
SPRINGS SPORTSMEN'S CLUB, INCORPORATED



Principal Place of Business
**28 GREENTREE STREET
HOMOSASSA, FL 34446**

Mailing Address
**28 GREENTREE STREET
HOMOSASSA, FL 34446**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01092008 Chg-NP CR2E037 (12/06)

4. FEI Number
32-0196427

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CHENOWETH, AFTON C
5005 SLOW POINT
HOMOSASSA, FL 34446**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$81.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
CHENOWETH, AFTON C
5005 SLOW POINT
HOMOSASSA, FL 34446** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
TAYLOR, CHUCK
4529 W SANCTION ROAD
LECANTO, FL 344617623** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
OLSEN, MILTON O
9782 W LAUREL OAK LANE
CRYSTAL RIVER, FL 344286836** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
THOMPSON, ROBERT
4501 W. C 48
BUSHNELL, FL 335138383** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
STEVENSON, MORRIS JR.
109 S. LECANTO HIGHWAY
LECANTO, FL 34461** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
OWEN, ROBERT
4400 N ELKCAM BLVD.
BEVERLY HILLS, FL 344653030** ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Director
Stevenson, Morris Jr.
34 S. Lecanto Highway
Lecanto, FL 34461** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Secretary
William Harms
28 Greentree St
Homosassa, FL 34446** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Treasurer
Jean Harms
28 Greentree St
Homosassa, FL 34446** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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: William Harms
Signature and Typed or Printed Name of Signing Officer or Director

1/25/08
Date

352-382-5486
Daytime Phone #