

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006358

FILED
Mar 25, 2009
Secretary of State

Entity Name: BIG BEND SPORTSMAN INC

Current Principal Place of Business:

2111 NW 72ND PLACE
GAINESVILLE, FL 32653

New Principal Place of Business:

Current Mailing Address:

2111 NW 72ND PLACE
GAINESVILLE, FL 32653

New Mailing Address:

FEI Number: 26-0527911

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCLARTY, CADMUS W
2111 NW 72 PLACE
GAINESVILLE, FL 32653 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MCLARTY, CADMUS W
Address: 2111 NW 72 PLACE
City-St-Zip: GAINESVILLE, FL 32653

Title: V () Delete
Name: FOSTER, ROBERT
Address: 227 STAR LAKE DRIVE
City-St-Zip: HAWTHORNE, FL 32640

Title: T () Delete
Name: FOSTER, WILLIAM
Address: 700 NE 170TH STREET
City-St-Zip: CITRA, FL 32113

Title: S () Delete
Name: SMITH, STEVEN
Address: 10985 SW COUNTY ROAD 240
City-St-Zip: LAKE CITY, FL 32024

Title: D () Delete
Name: BERRY, DARRELL
Address: 305 NE 11TH AVENUE
City-St-Zip: WILLISTON, FL 32696

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: TAYLOR, ERIC G
Address: 184 SW DOMINOS WAY # 102
City-St-Zip: LAKE CITY, FL 32056

Title: D () Change (X) Addition
Name: WILK, JAMES
Address: 862NE 821ST
City-St-Zip: OLD TOWN, FL 32680

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: CADMUS MCLARTY

P

03/25/2009

Electronic Signature of Signing Officer or Director

Date