2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N08000001815

Entity Name: SPRING RUN HUNT CLUB, INC.

Current Principal Place of Business:

5709 TIDALWAVE DR
NEW PORT RICHEY, FL 34652 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 145
ELFERS, FL 34680 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOBBY, H C
5709 TIDALWAVE DR
NEW PORT RICHEY, FL 34652 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: D ( ) Delete
Name: OLSON, KARL M
Address: P O BOX 145
City-St-Zip: ELFERS, FL 34680 US

Title: D ( ) Delete
Name: MAINWARING, JOHN
Address: 4555 NW 100TH AVE
City-St-Zip: CHIEFLAND, FL 32626 US

Title: D ( ) Delete
Name: OLSON, MARY M
Address: P O BOX 145
City-St-Zip: ELFERS, FL 34680 US

Title: D ( ) Delete
Name: HOBBY, H C
Address: 5709 TIDALWAVE DR
City-St-Zip: NEW PORT RICHEY, FL 34652 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: OLSON, KARL M
Address: P O BOX 145
City-St-Zip: ELFERS, FL 34680 US

Title: DVP (X) Change ( ) Addition
Name: MAINWARING, JOHN
Address: 4555 NW 100TH AVE
City-St-Zip: CHIEFLAND, FL 32626 US

Title: DS (X) Change ( ) Addition
Name: OLSON, MARY M
Address: P O BOX 145
City-St-Zip: ELFERS, FL 34680 US

Title: DRA (X) Change ( ) Addition
Name: HOBBY, H C
Address: 5709 TIDALWAVE DR
City-St-Zip: NEW PORT RICHEY, FL 34652 US

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: KARL M OLSON DP 04/30/2009

Electronic Signature of Signing Officer or Director — Date