

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 8:00 am
Secretary of State

01-08-2007 90246 033 ****70.00

DOCUMENT # N08924



1. Entity Name
CRANE BAY HUNTING CLUB, INCORPORATED

Principal Place of Business
**HWY. 351 N.
P O BOX 459
CROSS CITY, FL 32628**

Mailing Address
**% P.O. BOX 459
BELL, FL 32619**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01062007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2603555

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NEENAN, JOHN TERRY
5700 N.W. 50TH STREET
BELL, FL 32619**

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 \$61.25
Due by May 1, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME OSTEEN, DAVID
STREET ADDRESS HC 3 BOX 407
CITY-ST-ZIP OLD TOWN, FL 32680

TITLE P OSTEEN, DAVID ☒ Change ☐ Addition
NAME
STREET ADDRESS 149 se 159TH AVE.
CITY-ST-ZIP OLD TOWN, FL 32680

TITLE T ☐ Delete
NAME LAFLAM, THOMAS
STREET ADDRESS 4200 WILLOW OAK RD
CITY-ST-ZIP MULBERRY, FL 33860

TITLE TD LAFLAM, THOMAS ☒ Change ☐ Addition
NAME
STREET ADDRESS 4200 WILLOW OAK RD.
CITY-ST-ZIP MULBERRY, FL 33860

TITLE V ☐ Delete
NAME REWIS, ROBBIE
STREET ADDRESS PO BOX 695
CITY-ST-ZIP RIVERVIEW, FL 33569

TITLE VD REWIS, ROBERT ☒ Change ☐ Addition
NAME
STREET ADDRESS PO BOX 716
CITY-ST-ZIP OLD TOWN, FL 32680

TITLE S ☐ Delete
NAME NEENAN, TERRY
STREET ADDRESS P.O. BOX 459
CITY-ST-ZIP BELL, FL 32619

TITLE SD NEENAN, JOHN TERRY ☒ Change ☐ Addition
NAME
STREET ADDRESS 5700 NW 50TH STREET
CITY-ST-ZIP BELL, FL 32619

TITLE D ☐ Delete
NAME OSTEEN, LARRY
STREET ADDRESS P.O. BOX 604
CITY-ST-ZIP CROSS CITY, FL 32628

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

TITLE D ☐ Delete
NAME PINNER, CHARLES
STREET ADDRESS P.O. BOX 98
CITY-ST-ZIP CROSS CITY, FL 32628

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

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:

John Terry Neenan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Terry Neenan

Date

Daytime Phone #

1-6-07 386-935-4080