



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90033 008 ****70.00

DOCUMENT # N11027 1. Entity Name RIVER BEND HUNTING CLUB, INC.					
Principal Place of Business C/O FRANK BAILEY 5330 LANNIE RD. JACKSONVILLE, FL 32218 US			Mailing Address C/O FRANK BAILEY 5330 LANNIE RD. JACKSONVILLE, FL 32218 US		
2. Principal Place of Business Suite, Apt. #, etc. <i>SAME</i> City & State <i>SAME</i> Zip _____ Country _____		3. Mailing Address Suite, Apt. #, etc. <i>SAME</i> City & State <i>SAME</i> Zip _____ Country _____			
03162005 Chg-NP CR2E037 (10/03)				4. FEI Number 59-2768855	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BAILEY, FRANK 5330 LANNIE RD. JACKSONVILLE, FL 32218			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) <i>SAME</i> City _____ State 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 <i>FRANK BAILEY Frank Bailey</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <i>3-21-05</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	PD HARVEY, ARNOLD 1568 LOUIE CARTER RD JACKSONVILLE, FL 32234	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROWN, DENNIS RT. 1, BOX 2240 SAINT GEORGE GA 31646	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BROWN, DENNIS RT. 1 BOX 2240 SAINT GEORGE, GA 31646	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROB PARMON 5836 Old Middleburg Rd. JACKSONVILLE, FL 32222	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TAYLOR, DAVID A 10906 FALKLAND RD JACKSONVILLE, FL 32221	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Adkins, Howard 10426 INNISBROOK JACKSONVILLE, FL 32222	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BAILEY, FRANK 5330 LANNIE RD. JACKSONVILLE, FL 32218	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Bailey FRANK 5330 LANNIE Rd. JACKSONVILLE FL 32218	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEENE, KENNETH SR. 2216 JONES RD JACKSONVILLE, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hawthorne, C.W. RT. 1, BOX 2270 ST. GEORGE GA. 31646	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADKINS, HOWARD 17399 NORMANDY BLVD MAXVILLE, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bailey, Jeremy 5446 LANNIE RD JACKSONVILLE FL 32218	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Frank Bailey FRANK BAILEY</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <i>3-21-05</i> DAYTIME PHONE # <i>904-7645237</i> <small>Date Daytime Phone #</small>	