


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2007 08:00 AM
Secretary of State

DOCUMENT # N11027 1. Entity Name RIVER BEND HUNTING CLUB, INC.	
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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
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01292007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2768855	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BAILEY, FRANK
5330 LANNIE RD.
JACKSONVILLE, FL 32218

**DO NOT WRITE
IN THIS SPACE**

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 Frank Bailey Frank Bailey 3-1-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) 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

U00000656317
03/14/07-80021-012 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PARMON, ROB 5836 OLD MIDDLEBURG RD SAINT GEORGE, GA 31646
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BROWN, DENNIS RT. 1 BOX 2240 SAINT GEORGE, GA 31646
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ADKINS, HAOWARD 10426 INNIS BROOK JACKSONVILLE, FL 32222
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BAILEY, FRANK 5330 LANNIE RD. JACKSONVILLE, FL 32218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEENE, KENNETH SR. RT. 1, BOX 2270 SAINT GEORGE, GA 31646
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAILEY, JEREMY 5446 LANNIC RD JACKSONVILLE, FL 32218

**DO NOT WRITE
IN THIS SPACE**

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: Frank Bailey Frank Bailey 3-1-07 904-764-5237
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #