

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # N13486
1. Entity Name
BOGIA SWAMP HUNTING CLUB, INC.



Principal Place of Business
**C/O DON WORD
180 W ROACH ROAD
MC DAVID, FL 32568 US**

Mailing Address
**C/O DON WORD
180 W ROACH ROAD
MC DAVID, FL 32568 US**



01062006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2965425 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WORD, DON
180 W ROACH ROAD
MC DAVID, FL 32568**

**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

Don Word

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-3-06

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PD
WORD, DON
180 W ROACH ROAD
MC DAVID, FL 32568**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VD
WARREN, HAROLD
PO BOX 3409
MC DAVID, FL 32568**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**SD
MCCAULEY, CLIFTON
HWY 164
MCDAVID, FL 32560**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**2VP
MCCAULEY, STEVE
861 HWY 164
MC DAVID, FL 32568**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000424093
02/18/06-80034-016 70.00

**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:

Don Word

DON WORD

2-3-06

850-366-0163

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #