

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

FILED
Feb 12, 2007 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



01062007 No Chg-NP CR2E037 (4/06)

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)

2-1-07

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WORD, DON
STREET ADDRESS	180 W ROACH ROAD
CITY- ST- ZIP	MC DAVID, FL 32568
TITLE	VD
NAME	WARREN, HAROLD
STREET ADDRESS	PO BOX 3409
CITY- ST- ZIP	MC DAVID, FL 32568
TITLE	SD
NAME	MCCAULEY, CLIFTON
STREET ADDRESS	HWY 164
CITY- ST- ZIP	MCDavid, FL 32560
TITLE	2VP
NAME	MCCAULEY, STEVE
STREET ADDRESS	861 HWY 164
CITY- ST- ZIP	MC DAVID, FL 32568
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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02/21/07-80059-010 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-07 850-366-0163

Date

Daytime Phone #