

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90033 049 ****70.00

DOCUMENT # N16387 1. Entity Name RIVER HILL HUNTING CLUB, INC.					
Principal Place of Business C/O STEVE BRAY P.O. BOX 308 JAY, FL 32565 US			Mailing Address C/O STEVE BRAY P.O. BOX 308 JAY, FL 32565 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BRAY, STEVE -2892 MCDUFFIE LANE JAY, FL 32565			Name <hr/> Street Address (P.O. Box Number is Not Acceptable) <hr/> <hr/> City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$61.25 Due by May 1, 2004		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	PDST		TITLE		
NAME	BRAY, DEREK		NAME		
STREET ADDRESS	6375 SLASH PINE RD		STREET ADDRESS		
CITY-ST-ZIP	JAY, FL 32565		CITY-ST-ZIP		
TITLE	D		TITLE		
NAME	NELSON, JIMMY		NAME		
STREET ADDRESS	3110 PINE LEVEL CHURCH RD		STREET ADDRESS		
CITY-ST-ZIP	JAY, FL 32565		CITY-ST-ZIP		
TITLE	D		TITLE		
NAME	JONES, JERRY		NAME		
STREET ADDRESS	12011 HWY 89		STREET ADDRESS		
CITY-ST-ZIP	JAY, FL 32565		CITY-ST-ZIP		
TITLE	D		TITLE		
NAME	JONES, JIMMY		NAME		
STREET ADDRESS	2858 MEADOWBROOK LANE		STREET ADDRESS		
CITY-ST-ZIP	JAY, FL		CITY-ST-ZIP		
TITLE	D		TITLE		
NAME	BRAY, STEVE		NAME		
STREET ADDRESS	2892 MCDUFFIE LANE		STREET ADDRESS		
CITY-ST-ZIP	JAY, FL 32565		CITY-ST-ZIP		
TITLE	VD		TITLE		
NAME	CANNON, KEITH		NAME		
STREET ADDRESS	4392 CURT LANE		STREET ADDRESS		
CITY-ST-ZIP	JAY, FL 32565		CITY-ST-ZIP		
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:			Derek Bray - President		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			02-20-04 850-675-4597		
<small>Date</small>			<small>Daytime Phone #</small>		