

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16390

FILED
Apr 17, 2009
Secretary of State

Entity Name: POND CREEK HUNTING CLUB, INC.

Current Principal Place of Business:

C/O PRIDGEN DOUGLAS D,
5115 HAMILTON LANE
PACE, FL 32571 US

New Principal Place of Business:

Current Mailing Address:

C/O PRIDGEN DOUGLAS D.
5115 HAMILTON LANE
PACE, FL 32571 US

New Mailing Address:

FEI Number: 59-2878070

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRIDGEN, DOUGLAS D
5115 HAMILTON LANE
PACE, FL 32571 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WALTHER, RICHARD
Address: 4831 AUTUMN DRIVE
City-St-Zip: PACE, FL 32571 US

Title: VPD () Delete
Name: MITTEN, RUSSELL
Address: 2323 ABBIE LANE
City-St-Zip: PENSACOLA, FL 32514 US

Title: STD () Delete
Name: PRIDGEN, DOUGLAS D
Address: 5115 HAMILTON LANE
City-St-Zip: PACE, FL 32571 US

Title: D () Delete
Name: LOGGINS, GARY
Address: 5080 BENTON BLVD.
City-St-Zip: PACE, FL 32571 US

Title: D () Delete
Name: WALKER, RANDY
Address: 5051 BENTON BLVD.
City-St-Zip: PACE, FL 32571 US

Title: D () Delete
Name: MIKE, MADDEN
Address: 1860 BENEVA ROAD
City-St-Zip: MILTON, FL 32583 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: D.D. PRIDGEN

S/T

04/17/2009

Electronic Signature of Signing Officer or Director

_____ Date