


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90032 039 ****61.25

DOCUMENT # N20614
 1. Entity Name
S & W HUNTING CLUB, INC.



Principal Place of Business Mailing Address
C/O FOY L. BEASLEY **C/O FOY L. BEASLEY**
4631 DEERFIELD DRIVE **4631 DEERFIELD DRIVE**
PENSACOLA FL 32526 **PENSACOLA FL 32526**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent
BEASLEY, FOY L.
4631 DEERFIELD DRIVE
PENSACOLA FL 32526

4. FEI Number **59-2454495** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

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 *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2005 9. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees** **Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BUTLER, JIMMY	
STREET ADDRESS	3421 SNYDER DR	
CITY-ST-ZIP	MILTON FL 32571	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BUSH, WILLIAM C.	
STREET ADDRESS	3710 HIGHWAY 297-A	
CITY-ST-ZIP	CANTONMENT FL	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SCHLUTER, E.A.	
STREET ADDRESS	109 FLORIDA AVENUE	<i>Deceased 3/11/05</i>
CITY-ST-ZIP	GULF BREEZE FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BEASLEY, FOY L.	
STREET ADDRESS	4631 DEERFIELD DR.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PARSONS, DAVID	
STREET ADDRESS	1220 FINLEY DR	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSH, WILLIAM C.	
STREET ADDRESS	3710 Highway 297-A	
CITY-ST-ZIP	CANTONMENT, FL 32526	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *[Signature]* Date: *March 18/05* (850) 944-2124