


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90007 024 ****61.25

DOCUMENT # N20614

1. Entity Name
S & W HUNTING CLUB, INC.



Principal Place of Business Mailing Address

**C/O FOY L. BEASLEY
 4631 DEERFIELD DRIVE
 PENSACOLA FL 32526**

**C/O FOY L. BEASLEY
 4631 DEERFIELD DRIVE
 PENSACOLA FL 32526**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

WILLIAM C. BUSH **WILLIAM C. BUSH**

Suite, Apt. #, etc. Suite, Apt. #, etc.

3710 Hwy. 297-A **3710 Hwy. 297A**

1st MOORE CR2E037 (10/07)

City & State City & State

CANTONMENT FL. **CANTONMENT FL.**

4. FEI Number **59-2454495** Applied For
 Not Applicable

Zip Country Zip Country

32533 ESCAMBIA **32533 ESCAMBIA**

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

6. Name and Address of Current Registered Agent

**BUSH, WILLIAM C
 3710 HWY 297A
 CANTONMENT FL 32533**

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 _____ DATE _____
Signature, typed or printed name of registered agent and the filer, if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2008

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	DV	<input type="checkbox"/> Delete
NAME	BUTLER, JIMMY	
STREET ADDRESS	3421 SNYDER DR	
CITY-ST-ZIP	MILTON FL 32571	
TITLE	DPT	<input type="checkbox"/> Delete
NAME	BUSH, WILLIAM C	
STREET ADDRESS	3710 HWY 297-A	
CITY-ST-ZIP	PENSACOLA FL 32526	
TITLE	D	<input type="checkbox"/> Delete
NAME	BEASLEY, FOY L.	
STREET ADDRESS	4631 DEERFIELD DR.	
CITY-ST-ZIP	PENSACOLA FL 32526	
TITLE	DS	<input type="checkbox"/> Delete
NAME	PARSONS, DAVID	
STREET ADDRESS	1220 FINLEY DR	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	D	<input type="checkbox"/> Delete
NAME	PRICE, BOBBY B SR	
STREET ADDRESS	4525 WATER WHEEL TURN	
CITY-ST-ZIP	PENSACOLA FL 32526	
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		<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 exemptions contained in Section 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: William C. Bush WILLIAM C. BUSH 2-7-08 850-478-0101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #