2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # N22624

1. Entity Name

PINELLAS COUNTY HUNTER ASSOCIATION, INC.

Principal Place of Business	Mailing Address
8333 SHAW RD. BROOKSVILLE FL 34602 US	C/O JEANNE HATCH 8333 SHAW RD. BROOKSVILLE FL 34602 US

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3487826 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HATCH, JEANNE A 8333 SHAW RD. BROOKSVILLE FL 34602	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 Jeanne A. Hatch 1/27/07
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25 Due By May 1, 2007	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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	P POLETZ, MINDY P P.O. BOX 919 CRYSTAL BEACH FL 34681	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Add U00000614240 02/06/07-80017-015 61.25
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VP FLAMMIA, PAT 139 CITRUS AV DUNEDIN FL 34698	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	T HATCH, JEANNE 8333 SHAW RD. BROOKSVILLE FL 34602	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	R.S. SCHWARZJOPF, TRISH 3197 GARRISON RD PALM HARBOR FL 34683	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D POWERS, GENGEANN 9595 166 ST NO PINELLAS PARK FL 33782	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D DRAIN, MICHELLE 6301-86 AVE NO PINELLAS PARK FL 33782	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Add

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: Jeanne A. Hatch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #