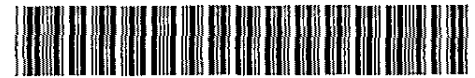


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # N22624					
1. Entity Name PINELLAS COUNTY HUNTER ASSOCIATION, INC.					
Principal Place of Business 8333 SHAW RD. BROOKSVILLE FL 34602 US			Mailing Address C/O JEANNE HATCH 8333 SHAW RD. BROOKSVILLE FL 34602 US		
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 HATCH, JEANNE A 8333 SHAW RD. BROOKSVILLE FL 34602				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 <u><i>Jeanne A. Hatch</i></u> Signature typed or printed name of registered agent and title if applicable				DATE <u>1/27/07</u> (NOTE: Registered Agent signature required when reinstating)	
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	P	☐ Delete	TITLE	☐ Change	☐ Add
NAME	POLETZ, MINDY P		NAME		
STREET ADDRESS	P.O. BOX 919		STREET ADDRESS		
CITY ST ZIP	CRYSTAL BEACH FL 34681		CITY ST ZIP		
TITLE	VP	☐ Delete	TITLE	☐ Change	☐ Add
NAME	FLAMMIA, PAT		NAME		
STREET ADDRESS	139 CITRUS AV		STREET ADDRESS		
CITY ST ZIP	DUNEDIN FL 34698		CITY ST ZIP		
TITLE	T	☐ Delete	TITLE	☐ Change	☐ Add
NAME	HATCH, JEANNE		NAME		
STREET ADDRESS	8333 SHAW RD.		STREET ADDRESS		
CITY ST ZIP	BROOKSVILLE FL 34602		CITY ST ZIP		
TITLE	R.S.	☐ Delete	TITLE	☐ Change	☐ Add
NAME	SCHWARZJOPF, TRISH		NAME		
STREET ADDRESS	3197 GARRISON RD		STREET ADDRESS		
CITY ST ZIP	PALM HARBOR FL 34683		CITY ST ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change	☐ Add
NAME	POWERS, GENGEANN		NAME		
STREET ADDRESS	9595 166 ST NO		STREET ADDRESS		
CITY ST ZIP	PINELLAS PARK FL 33782		CITY ST ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change	☐ Add
NAME	DRAIN, MICHELLE		NAME		
STREET ADDRESS	6301-86 AVE NO		STREET ADDRESS		
CITY ST ZIP	PINELLAS PARK FL 33782		CITY ST ZIP		



1st MOORE CR2E037 (10/06)

4. FEI Number **59-3487826**

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 *Jeanne A. Hatch* DATE 1/27/07

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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Due By May 1, 2007

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CITY ST ZIP	PINELLAS PARK FL 33782		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: *Jeanne A. Hatch*

Signature typed or printed name of signing officer or director