2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2008 8:00 am
Secretary of State
01-29-2008 90016 046 ****61.25

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

66004370

01122008 No Chg-NP CR2E037 (4/06)

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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

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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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	POLETZ, MINDY P
STREET ADDRESS	P.O. BOX 919
CITY-ST-ZIP	CRYSTAL BEACH, FL 34681
TITLE	VP
NAME	FLAMMIA, PAT
STREET ADDRESS	139 CITRUS AV
CITY-ST-ZIP	DUNEDIN, FL 34698
TITLE	T
NAME	HATCH, JEANNE
STREET ADDRESS	8333 SHAW RD.
CITY-ST-ZIP	BROOKSVILLE, FL 34602
TITLE	R.S.
NAME	SCHWARZJOPF, TRISH
STREET ADDRESS	3197 GARRISON RD
CITY-ST-ZIP	PALM HARBOR, FL 34683
TITLE	D
NAME	POWERS, GENGEANN
STREET ADDRESS	9595 166 ST NO
CITY-ST-ZIP	PINELLAS PARK, FL 33782
TITLE	D
NAME	DRAIN, MICHELLE
STREET ADDRESS	6301-86 AVE NO
CITY-ST-ZIP	PINELLAS PARK, FL 33782

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Jeannie A Hatch 1/29/08 852 794-7754
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #