

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

FILED
Jul 03, 2008 8:00 am
Secretary of State

07-03-2008 90014 034 ****61.25

DOCUMENT # N25136

1. Entity Name

BUGUM BAY HUNTING CLUB, INC.



Principal Place of Business

**HORESHOE BEACH ROAD
351 S HORSESHOE RD
CROSS CITY FL 32628**

Mailing Address

**HORESHOE BEACH ROAD
P.O. BOX 879
CROSS CITY FL 32628**

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

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

2371 SW 351 Hwy

City & State

Cross City FL

Zip

Country

32628 Dixie

4. FEI Number

59-2951741

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SKINNER, ROY
351 S
CROSS CITY FL 32628**

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, typed or printed name of registered agent and not applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**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
NAME
STREET ADDRESS
CITY- ST- ZIP
**PD
KNIGHT, DWIGHT
351 S. HORSESHOE BCH RD
CROSS CITY FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**STD
SKINNER, ROY
351 S. HORSESHOE BCH RD
CROSS CITY FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
BLANTON, MIKE
9454 S. LONGBRANCH AVENUE
INVERNESS FL 34452** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
THOMPkins, BILL
TRAILAND RD
FLORAL CITY FL 34436** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
LAPERLE, DAVID
HWY 41 S
INVERNESS FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

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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

Roy Skinner

6/30/08

STD