

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25729

FILED
Feb 21, 2009
Secretary of State

Entity Name: MCGEE BRANCH HUNTING CLUB, INC.

Current Principal Place of Business:

C/O ROBERT J. BEAUCHAMP
P. O. BOX 1777
CHIEFLAND, FL 32644 US

New Principal Place of Business:

C/O ROBERT J. BEAUCHAMP
105 E. PARK AVE
CHIEFLAND, FL 32626 US

Current Mailing Address:

C/O ROBERT J. BEAUCHAMP
P. O. BOX 1777
CHIEFLAND, FL 32466 US

New Mailing Address:

FEI Number: 59-2869186 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEAUCHAMP, ROBERT J.
105 S. E. 105TH STREET
CHIEFLAND, FL 32626 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DST () Delete
Name: CABON, JASON
Address: 1021 SE 8TH ST
City-St-Zip: WILLISTON, FL

Title: D () Delete
Name: EDISON, ED
Address: 20730 S.W. 36TH ST
City-St-Zip: DUNNELLON, FL

Title: D () Delete
Name: VADIN, BARBER
Address: 4950 NE 50TH ST
City-St-Zip: BRADSON, FL 32621

Title: D () Delete
Name: SULLIVAN, LAMAR,
Address: RT. 2, BOX 965
City-St-Zip: WILLISTON, FL

Title: PD () Delete
Name: CASON, JAKE
Address: 1021 SE 8TH ST
City-St-Zip: WILLISTON, FL 32696

Title: D () Delete
Name: NEWSOME, JERRY
Address: 9230 NE 65TH LANE
City-St-Zip: BRONSON, FL 32621

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: CASON, JASON
Address: 1021 SE 8TH ST
City-St-Zip: WILLISTON, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: CASON, JAKE
Address: 1021 SE 8TH ST
City-St-Zip: WILLISTON, FL 32696

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JASON CASON

P/D

02/21/2009

Electronic Signature of Signing Officer or Director

_____ Date