
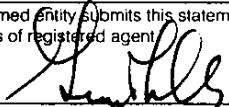
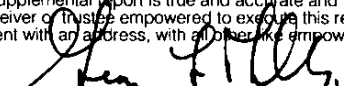


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2008 8:00 am**  
**Secretary of State**

02-04-2008 90027 042 \*\*\*\*61.25

<b>DOCUMENT # N26211</b> 1. Entity Name <b>GATOR CREEK HUNTING CLUB, INC.</b>					
Principal Place of Business <b>2456 WHISPERING PINES BLVD          NAVARRE, FL 32566 US</b>			Mailing Address <b>2456 WHISPERING PINES BLVD          NAVARRE, FL 32566 US</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number <b>NOT APPLICABLE</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PHILLIPS, GEORGE          2456 WHISPERING PINES BLVD          NAVARRE, FL 32566</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <b>02/01/2008</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>THOMPSON, DANNY</b> <input type="checkbox"/> Delete <b>1668 TIDEWATER LANE</b> <b>NEVARRE, FL</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <input type="checkbox"/> Delete <b>BOYCO, STEVE</b> <b>194 BIRCH ST.</b> <b>FREEPORT, FL 32439</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <input checked="" type="checkbox"/> Delete <b>JONES, JEFFREY E</b> <b>1974 CANDLEWOOD DRIVE</b> <b>NAVARRE, FL 32566</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST Phillips, George</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2456 Whispering Pines Blvd</b> <b>Navarre, FL 32566</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>KIMBLE, WALTER</b> <b>P.O. BOX 5038</b> <b>NAVARRE, FL 32566</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Delete <b>SOSA, JAMES</b> <b>6838 WATER STREET</b> <b>NAVARRE, FL 32566</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Delete <b>CHESSER, JEFF</b> <b>65 WEDGE CT.</b> <b>DESTIN, FL 32541</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 powers duly empowered.					
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>02/01/2008 (855) 515-2890</b> <small>Daytime Phone #</small>		

40016662



01042008 Chg-NP CR2E037 (12/06)