


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2006 8:00 am
Secretary of State

07-12-2006 90007 029 ****61.25

DOCUMENT # N31064 1. Entity Name CENTRAL FLORIDA HUNTING & FISHING CLUB, INC.					
Principal Place of Business 710 S.W. 59TH STREET OCALA, FL 34474			Mailing Address 5841 S MAGNOLIA AVE OCALA, FL 34474		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3023280	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HARRIS, WILLIAM A ESQ. 50 N GROVE STREET MERRITT ISLAND, FL 32953				Name William A. Harris, Esquire Street Address (P.O. Box Number is Not Acceptable) 5810 S. Magnolia Avenue City Ocala FL 34474	
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>William Harris</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>7/11/2006</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RIVERS, HORACE		NAME		
STREET ADDRESS	10140 N W 115TH AVE		STREET ADDRESS		
CITY-ST-ZIP	REDDICK, FL 32686		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOMER, GARY		NAME		
STREET ADDRESS	5841 S MAGNOLIA AVENUE		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 34474		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SIMPSON, JERRY L		NAME		
STREET ADDRESS	1650 S W 5TH PLACE		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 34474		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KINSLER, HINTON		NAME		
STREET ADDRESS	6175 N W 130TH AVE		STREET ADDRESS		
CITY-ST-ZIP	MORRISTON, FL 32668		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAYNES, ALBERT		NAME		
STREET ADDRESS	2205 N W 27TH AVE		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 34475		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u><i>Horace A. Rivers</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>7-11-06</u> Daytime Phone # <u>352-237-2754</u>		