



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 02, 2007 8:00 am**  
**Secretary of State**

03-02-2007 90006 047 \*\*\*\*61.25

<b>DOCUMENT # N31064</b> 1. Entity Name <b>CENTRAL FLORIDA HUNTING &amp; FISHING CLUB, INC.</b>					
Principal Place of Business <b>710 S.W. 59TH STREET OCALA, FL 34474</b>				Mailing Address <b>5841 S MAGNOLIA AVE OCALA, FL 34474</b>	
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		02252007    Chg-NP    CR2E037 (12/06)	
Zip		Country		4. FEI Number <b>59-3023280</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>HARRIS, WILLIAM A ESQ 5810 S MAGNOLIA AVE OCALA, FL 34474</b>			7. Name and Address of New Registered Agent Name <u>William A Harris, Esquire</u> Street Address (P.O. Box Number is Not Acceptable) <u>5810 S. Magnolia Avenue</u> City <u>Ocala</u> <b>FL</b> Zip Code <u>34474</u>		
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>William Harris</u> DATE <u>3/1/2007</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</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	P RIVERS, HORACE 10140 N W 115TH AVE REDDICK, FL 32686	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HOMER, GARY 5841 S MAGNOLIA AVENUE OCALA, FL 34474	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SIMPSON, JERRY L 1650 S W 5TH PLACE OCALA, FL 34474	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KINSLER, HINTON 6175 N W 130TH AVE MORRISTON, FL 32668	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAYNES, ALBERT 2205 N W 27TH AVE OCALA, FL 34475	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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 other like empowered.					
<b>SIGNATURE:</b> <u>William Harris</u> <u>3/1/2007</u> (321) 446-2082 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					