2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2009
Secretary of State

DOCUMENT# N31064

Entity Name: CENTRAL FLORIDA HUNTING & FISHING CLUB, INC.

Current Principal Place of Business:

710 S.W. 59TH STREET
OCALA, FL 34474

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5593
OCALA, FL 33478

New Mailing Address:

FEI Number: 59-3023280 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KINSLER, HINTON III
710 SW 59TH STREET
OCALA, FL 34474 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:	P	( ) Delete
Name:	RIVERS, HORACE	
Address:	10140 N W 115TH AVE	
City-St-Zip:	REDDICK, FL 32686	
Title:	V	( ) Delete
Name:	HOMER, GARY	
Address:	5841 S MAGNOLIA AVENUE	
City-St-Zip:	OCALA, FL 34474	
Title:	S	( ) Delete
Name:	SIMPSON, JERRY L	
Address:	1650 S W 5TH PLACE	
City-St-Zip:	OCALA, FL 34474	
Title:	T	( ) Delete
Name:	KINSLER, HINTON	
Address:	6175 N W 130TH AVE	
City-St-Zip:	MORRISTON, FL 32668	
Title:	P	(X) Delete
Name:	HAYNES, ALBERT	
Address:	2205 N W 27TH AVE	
City-St-Zip:	OCALA, FL 34475	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: HINTON KINSLER III RA 04/06/2009

Electronic Signature of Signing Officer or Director — Date