

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2008 08:00 AM
Secretary of State

DOCUMENT # N32402

1. Entity Name
THE NORTH PINEVILLE SPORTSMAN CLUB, INC.



Principal Place of Business
**6900 HWY 97-A
WALNUT HILL, FL 32568 US**

Mailing Address
**6900 HWY 97-A
WALNUT HILL, FL 32568 US**



03272008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3007910	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CLOUD, RONNIE
6900 HWY 97-A
MC DAVID, FL 32568**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

03/27/08

DATE

**Filing Fee is \$81.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

U00000876025
04/11/08-80055-022 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CLOUD, RONNIE 6900 HWY 97-A MC DAVID, FL 32568
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD WILLIAMS, JOHN 1549 WILLIAMS DITCH ROAD CANTONMENT, FL 32533
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD NATHANIEL, MCINTYRE 642 HAMLEY DOWNS DR. CANTONMENT, FL 32533
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/27/08
Date

850-554-1815
Daytime Phone #