

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jul 26, 2004 08:00 AM
Secretary of State**

DOCUMENT # N35184

1. Entity Name
JOHNSON SWAMP HUNTING CLUB, INC.



Principal Place of Business
**18712 NE HAYES SUBDIVISION RD
BLOUNTSTOWN, FL 32424**

Mailing Address
**18712 NE HAYES SUBDIVISION RD
BLOUNTSTOWN, FL 32424**

DO NOT WRITE IN THIS SPACE



01082004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2985435

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TERRY, JR., C.T.
RR 2 BOX 647
BLOUNTSTOWN, FL 32424**

**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 resigning)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000168457
07/26/04-80014-013 70.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
TERRY, C T JR
18712 NE HAYES SUBDIVISION RD
BLOUNTSTOWN, FL 32424**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ROBERTS, J W
18693 NE HAYES SUBDIVISION RD
BLOUNTSTOWN, FL 32424**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MCMILLIAN, STEVEN
PEA RIDGE ROAD
BRISTOL, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

C. T. Terry Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C. T. Terry Jr 26-04
Date

(850) 674-8200
Daytime Phone #