

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-03-2007 90019 005 ****61.25

DOCUMENT-# N35254					
1. Entity Name LITTLE SWEETWATER HUNTING CLUB, INC.					
Principal Place of Business % DAVID E. PITTS 16629 SW CYPRESS ST. BLOUNTSTOWN FL 32424			Mailing Address % DAVID E. PITTS 16629 SW CYPRESS ST. BLOUNTSTOWN FL 32424		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3011950	
				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				1st MOORE CR2E037 (10/06)	
6. Name and Address of Current Registered Agent 16629 PITTS, DAVID E 16629 SW CYPRESS ST. BLOUNTSTOWN FL 32424			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 16629 SW CYPRESS ST City Blountstown FL Zip Code 32424		
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>David E. Pitts</u> <u>David E. Pitts</u> <u>3-22-07</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when transferring) DATE					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution ☐ \$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 NAME STREET ADDRESS CITY-STATE-ZIP	D HALL, HENRY RT 1 BOX 358 BRISTOL FL 32321	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D MARSHALL, DALE 17765 NW CARDINAL DR. BLOUNTSTOWN FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D PULLAM, RHODEN 20688 NE BERLINGTON RD. HOSFORD FL 32334	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D RODENBERRY, STEVE 19011 NW CR 67 HOSFORD FL 32334	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P PITTS, DAVID 16629 SW CYPRESS ST BLOUNTSTOWN FL 32424	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D GILFORD PULLAM 20577 NE BERLINGTON RD. HOSFORD FL 32334	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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>David E. Pitts</u> <u>David E. Pitts</u> <u>4-11-07</u> <u>850-674-8774</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					