

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 06, 2009  
Secretary of State**

DOCUMENT# N42673

Entity Name: TENNANT PASTURE HUNTING CLUB, INC.

**Current Principal Place of Business:**

395 DEERE CREEK RD  
ATMORE, AL 36502 US

**New Principal Place of Business:**

**New Mailing Address:**

3430 N PINEBARREN RD  
MCDAVID, FL 32568 US

**Current Mailing Address:**

395 DEERE CREEK RD  
ATMORE, AL 36502 US

FEI Number: 59-3064738      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

BAKER, RANDY  
751 WILMAN ROAD  
MCDAVID, FL 32568 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: D ( ) Delete  
Name: WILSON, GLENN,  
Address: 3041 YORK ROAD  
City-St-Zip: CENTURY, FL

Title: D ( ) Delete  
Name: WILSON, EDDIE,  
Address: 12276 SUZANNE CT.  
City-St-Zip: IRVINGTON, AL

Title: D ( ) Delete  
Name: BAKER, RANDY  
Address: 1751 WILMER ROAD  
City-St-Zip: MCDAVID, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: WILSON, GLENN,  
Address: 395 DEERE CREEK RD  
City-St-Zip: ATMORE, AL 36502

Title: D (X) Change ( ) Addition  
Name: RICKY BARTLEY,  
Address: 3430 N PINEBARREN RD  
City-St-Zip: MCDAVID, FL 323568

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: GLENN WILSON

D

04/06/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date