

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 16, 2008 8:00 am
Secretary of State

05-16-2008 90025 011 ****61.25

DOCUMENT # N43034

1. Entity Name

THE TAYLOR CREEK BASS CLUB, INC.



Principal Place of Business

P.O. BOX 3179
OKEECHOBEE FL 34973

Mailing Address

P.O. BOX 3179
OKEECHOBEE FL 34973



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

1st MOORE

CR2E037 (10/07)

4. FEI Number

65-0274698

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STOUT, DAVID J
814 SE 25TH STREET
OKEECHOBEE FL 34974

Name **BYRON CHASTAIN**

Street Address (P.O. Box Number is Not Acceptable)

19080 TALON WAY

City **JUPITER**

FL Zip Code **33458**

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

Byron Chastain

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

(NOTE: Registered Agent signature required when reappointing)

APR 27, 2008

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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 ☐ Delete
NAME **P GARRETT, CHAN**
STREET ADDRESS **2165 SE 9TH AVE**
CITY-ST-ZIP **OKEECHOBEE FL 34974**

TITLE ☐ Change ☐ Addition
NAME **P**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **VP ZUBRICKY, MICHAEL**
STREET ADDRESS **13400 HWY 441 SE**
CITY-ST-ZIP **OKEECHOBEE FL 34974**

TITLE ☒ Change ☐ Addition
NAME **VP JACK HARRISON**
STREET ADDRESS **12626 SE HWY 441**
CITY-ST-ZIP **OKEECHOBEE FL 34974**

TITLE ☒ Delete
NAME **T DELK, JAMES**
STREET ADDRESS **2251 SE 25TH ST**
CITY-ST-ZIP **OKEECHOBEE FL 34974**

TITLE ☒ Change ☐ Addition
NAME **T JOHN HARLOW**
STREET ADDRESS **13344 S.W. 16TH DR**
CITY-ST-ZIP **OKEECHOBEE FL 34974**

TITLE ☒ Delete
NAME **S STOUT, DAVID**
STREET ADDRESS **814 SE 25TH ST**
CITY-ST-ZIP **OKEECHOBEE FL 34974**

TITLE ☒ Change ☐ Addition
NAME **S BYRON CHASTAIN**
STREET ADDRESS **19080 TALON WAY**
CITY-ST-ZIP **JUPITER FL 33458**

TITLE ☒ Delete
NAME **TD MARSHALL, GEORGE JR**
STREET ADDRESS **3411 SE 25TH STREET**
CITY-ST-ZIP **OKEECHOBEE FL 34974**

TITLE ☒ Change ☐ Addition
NAME **TD WILLIAM SEITZ**
STREET ADDRESS **2315 SE 31ST ST**
CITY-ST-ZIP **OKEECHOBEE, FL 34974**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Byron Chastain

4/27/2008 561 7476291