

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50965

FILED
Apr 21, 2009
Secretary of State

Entity Name: PRINGLE SWAMP HUNTING CLUB, INC.

Current Principal Place of Business:

19 COQUINA AVENUE
ST AUGUSTINE, FL 32080 US

New Principal Place of Business:

Current Mailing Address:

19 COQUINA AVENUE
ST AUGUSTINE, FL 32080 US

New Mailing Address:

FEI Number: 56-3169089

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOWELL, GARY SR
2201 S.R. 16 LOT D
SAINT AUGUSTINE, FL 32084 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: PD () Delete
Name: HOWELL, GARY
Address: 2201 STATE RD 16, LOT 3
City-St-Zip: ST AUGUSTINE, FL 32095

Title: VD () Delete
Name: SEAY, MATT
Address: 706 N BACKER
City-St-Zip: BUNNELL, FL 32110

Title: STD () Delete
Name: HENDREN, ROBERT
Address: 19 COQUINA AVE
City-St-Zip: ST AUGUSTINE, FL 32080

Title: D () Delete
Name: HOWELL, ROBERT
Address: 5840 SR 207 (FAIRGROUNDS)
City-St-Zip: ELKTON, FL 32033

Title: D () Delete
Name: FORTNER, TIM
Address: PO BOX 141
City-St-Zip: HASTINGS, FL 32145

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ROBERT E. HENDREN

SEC.

04/21/2009

Electronic Signature of Signing Officer or Director

Date