

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001291

FILED  
Apr 20, 2009  
Secretary of State

Entity Name: DOUBLE "A" HUNTING CLUB, INC.

## Current Principal Place of Business:

TIM A ZICK  
229 LUSTAN DRIVE  
CRESTVIEW, FL 32536 US

## Current Mailing Address:

TIM A ZICK  
229 LUSTAN DRIVE  
CRESTVIEW, FL 32536 US

## New Principal Place of Business:

THOMAS S PFEIFFER  
2215 KINGFISHER CT  
PENSACOLA, FL 32534 US

## New Mailing Address:

THOMAS S PFEIFFER  
2215 KINGFISHER CT  
PENSACOLA, FL 32534 US

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

## Name and Address of Current Registered Agent:

ZICK, TIM A  
229 LUSTAN DRIVE  
CRESTVIEW, FL 32536 US

## Name and Address of New Registered Agent:

PFEIFFER, THOMAS S  
2215 KINGFISHER CT  
PENSACOLA, FL 32534 US

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: THOMAS S PFEIFFER

04/20/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: ZICK, TIM  
Address: 229 LUSTAN DRIVE  
City-St-Zip: CRESTVIEW, FL 32536

Title: VP ( ) Delete  
Name: NELSON, JEFF  
Address: 8580 WELCOME CHURCH RD  
City-St-Zip: MILTON, FL 32583

Title: STD ( ) Delete  
Name: PFEIFFER, THOMAS  
Address: 2215 KINGFISHER COURT  
City-St-Zip: PENSACOLA, FL 32534

## 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:

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: THOMAS S PFEIFFER

STD

04/20/2009

Electronic Signature of Signing Officer or Director

Date