

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

FILED
May 07, 2008 8:00 am
Secretary of State

05-07-2008 90113 021 ****61.25

DOCUMENT # N94000002428

1. Entity Name

BIG VALLEY HUNTING CLUB, INC.



Principal Place of Business

**2751 DREWERY LANE
JAY FL 32565**

Mailing Address

**2751 DREWERY LANE
JAY FL 32565**



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

59-3208910

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/07)

6. Name and Address of Current Registered Agent

**SANDERS, JAMIE
2751 DREWERY LANE
JAY FL 32565**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	SANDERS, JAMIE	
STREET ADDRESS	2751 DREWERY LANE	
CITY-ST-ZIP	JAY FL 32565	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SANDERS, RICKY	
STREET ADDRESS	1660 DYKES TOWN ROAD	
CITY-ST-ZIP	JAY FL 32565	
TITLE	STO	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, DENNIS	
STREET ADDRESS	1212 CHUMUCKLA HWY	
CITY-ST-ZIP	JAY FL 32565	
TITLE	CO	<input checked="" type="checkbox"/> Delete
NAME	SANDERS, JOHN	
STREET ADDRESS	2371 DUNS FORD RD	
CITY-ST-ZIP	JAY FL 32565	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tom Gunn	
STREET ADDRESS	5598 Curtis Road	
CITY-ST-ZIP	Pace FL 32571	
TITLE	STO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jack Holland	
STREET ADDRESS	5602 Chantrelle Circle	
CITY-ST-ZIP	Milton FL 32535	
TITLE	CO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dana Lisco	
STREET ADDRESS	3042 Bud Diamond Road	
CITY-ST-ZIP	Jay FL 32565	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Jamie Sanders

Jamie Sanders

4-19-08

FSU-232-4148