

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # N94000006138

1. Entity Name

FANNIN ISLAND SPORTSMAN CLUB, INC.



Principal Place of Business

Mailing Address

C L CAPPS
20282 S E C L CAPPS RD
BLOUNTSTOWN FL 32424

C L CAPPS
20282 S E C L CAPPS RD
BLOUNTSTOWN FL 32424



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 (10/06)

4. FEI Number

NO-T APPLICABLE

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

CAPPS, C L
20282 S E C L CAPPS RD
BLOUNTSTOWN FL 32424

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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: D ☐ Delete
NAME: CAPPS, C L
STREET ADDRESS: 20282 S E C L CAPPS RD
CITY-ST-ZIP: BLOUNTSTOWN FL 32424

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: U00000632599
CITY-ST-ZIP: 02/21/07-80030-007 61.25

TITLE: D ☐ Delete
NAME: JORDAN, ELLIS F.
STREET ADDRESS: PO BOX 105 - HWY 69 N. N/A
CITY-ST-ZIP: BLOUNTSTOWN FL

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

TITLE: D ☐ Delete
NAME: REVELL, C B
STREET ADDRESS: P O BOX 61
CITY-ST-ZIP: PORT SAINT JOE FL 32456

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

TITLE: D ☐ Delete
NAME: BRYANT, JOHNNY
STREET ADDRESS: 1010 W. CENTRAL
CITY-ST-ZIP: BLOUNTSTOWN FL 32424

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

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

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

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:

C. L. CAPPS C. L. CAPPS

2-5-07 850-674-9871