

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000006138

FILED
Feb 09, 2009
Secretary of State

Entity Name: FANNIN ISLAND SPORTMAN CLUB, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

Name and Address of Current Registered Agent:

CAPPS, C L
20282 S E C L CAPPS RD
BLOUNTSTOWN, FL 32424 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: D () Delete
Name: CAPPS, C L
Address: 20282 S E C L CAPPS RD
City-St-Zip: BLOUNTSTOWN, FL 32424

Title: D () Delete
Name: JORDAN, ELLIS F.
Address: PO BOX 105 - HWY 69 N. N/A
City-St-Zip: BLOUNTSTOWN, FL

Title: D () Delete
Name: REVELL, C B
Address: P O BOX 61
City-St-Zip: PORT SAINT JOE, FL 32456

Title: D () Delete
Name: BRYANT, JOHNNY
Address: 1010 W. CENTRAL
City-St-Zip: BLOUNTSTOWN, FL 32424

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:

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: CL CAPPS

PRES

02/09/2009

Electronic Signature of Signing Officer or Director

Date