

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N94000006307

1. Entity Name
MILL HUNTING CLUB, INC.



FILED
Jul 10, 2008 08:00 AM
Secretary of State

Principal Place of Business
HIGHWAY 71 NORTH
BLOUNTSTOWN, FL 32424

Mailing Address
PO BOX 189
BLOUNTSTOWN, FL 32424



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07072008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-3379126

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROGERS, HARRY W
HIGHWAY 71 NORTH
BLOUNTSTOWN, FL 32424

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 12, 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 D ☐ Delete
NAME BENNETT, KERBY
STREET ADDRESS 314 13TH ST
CITY-ST-ZIP BLOUNTSTOWN, FL 32424

TITLE D ☐ Delete
NAME RIDLEY, JASON
STREET ADDRESS HWY 20 WEST
CITY-ST-ZIP BLOUNTSTOWN, FL

TITLE D ☐ Delete
NAME FLEMING, DAVID
STREET ADDRESS HWY 715
CITY-ST-ZIP BLOUNTSTOWN, FL

TITLE D ☐ Delete
NAME ROGERS, HARRY
STREET ADDRESS PO BOX 189
CITY-ST-ZIP BLOUNTSTOWN, FL 32424

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 Chapter 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/7/08

850-674-5991