

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001595

FILED
May 01, 2006
Secretary of State

Entity Name: CAMP MISERY HUNTING CLUB, INC.

Current Principal Place of Business:

P.O. BOX 1334
PERRY, FL 32348 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1334
PERRY, FL 32348 US

New Mailing Address:

FEI Number: 59-3318409 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MANGUM, MACK
362 MANGUM-CLOSE RD
PERRY, FL 32347 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: RUFF, MACK
Address: 128 FERN ST.
City-St-Zip: PERRY, FL 32347

Title: DV () Delete
Name: MOODY, LEWIS
Address: RT. 2, BOX 103
City-St-Zip: PERRY, FL 32347

Title: DS () Delete
Name: MANGUM, MACK
Address: 362 MAGNUM-CLOSE ROAD
City-St-Zip: PERRY, FL 32347

Title: DT () Delete
Name: DORMAN, LOYS
Address: P.O. BOX 241 N/A
City-St-Zip: PERRY, FL 32348

Title: D () Delete
Name: MCNEESE, FREDDIE
Address: 1565 JAMES CARLTON ROAD
City-St-Zip: PERRY, FL 32348

Title: D () Delete
Name: CURRY, JOHN
Address: P.O. BOX 208 N/A
City-St-Zip: PERRY, FL 32348

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:

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 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: LOYS DORMAN

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05/01/2006

Electronic Signature of Signing Officer or Director

Date