


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90025 039 ****61.25

DOCUMENT # N95000003040 1. Entity Name RAY SAWMILL HUNTING CLUB, INC.					
Principal Place of Business P.O. BOX 357 CROSS CITY, FL 32628			Mailing Address P.O. BOX 357 CROSS CITY, FL 32628		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3376974	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KIGHT, APRIL SUWANNE LUMBER RD. (3RD HOUSE ON RIGHT) CROSS CITY, FL 32628				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	V <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WHITBY, GEORGE		NAME		
STREET ADDRESS	355 NORTHEAST 558 AVENUE		STREET ADDRESS		
CITY-ST-ZIP	OLD TOWN, FL 32680		CITY-ST-ZIP		
TITLE	P <input checked="" type="checkbox"/> Delete		TITLE	Burt Lubin <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KIGHT, DALE		NAME	207 NE 538th Ave.	
STREET ADDRESS	P.O. BOX 1521 NA		STREET ADDRESS	Old town, FL 32680	
CITY-ST-ZIP	CROSS CITY, FL 32628		CITY-ST-ZIP		
TITLE	ST <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HIGGINBOTHAM, GENE		NAME		
STREET ADDRESS	9330 NORTHEAST HIGHWAY 351		STREET ADDRESS		
CITY-ST-ZIP	OLD TOWN, FL 32680		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRANCH, JOHN S		NAME		
STREET ADDRESS	P O BOX 108 N/A		STREET ADDRESS		
CITY-ST-ZIP	CROSS CITY, FL 32628		CITY-ST-ZIP		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RIDGEWAY, DAVID		NAME		
STREET ADDRESS	P.O. BOX 48		STREET ADDRESS		
CITY-ST-ZIP	CROSS CITY, FL 32628		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BECKHAM, SCOTT		NAME		
STREET ADDRESS	P.O. BOX 1713		STREET ADDRESS		
CITY-ST-ZIP	CROSS CITY, FL 32028		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 links empowered.					
SIGNATURE: <i>Gene Higginbotham</i> Gene Higginbotham 1/18/06 352-498-4361					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					