


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90017 008 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
NORTON, TROY 2971 SW 351 HWY9 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	P <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	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BURTT, LUBIN		NAME		
STREET ADDRESS	207 NE 538TH AVE		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	HIGGINBOTHAM, GENE		NAME		
STREET ADDRESS	9330 NORTHEAST HIGHWAY 351		STREET ADDRESS		
CITY - ST - ZIP	OLD TOWN, FL 32680		CITY - ST - ZIP		
TITLE	S <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NORTON, TONY Troy		NAME		
STREET ADDRESS	PO BOX 113 113		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	RIDGWAY, DAVID <i>542 NE 665 ST.</i>		NAME		
STREET ADDRESS	P.O. BOX 48 <i>OLD TOWN</i>		STREET ADDRESS		
CITY - ST - ZIP	CROSS CITY, FL 32628		CITY - ST - ZIP		
TITLE	VP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WOODALL, SAMMY		NAME		
STREET ADDRESS	82 SE 224 AVE		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 like empowered.					
SIGNATURE: <i>George J. Whitby</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Feb 05, 2008 <small>Date</small>		
			<small>Daytime Phone #</small>		