2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003656

Entity Name: FORT WHITE GUN CLUB, INC.

FILED Apr 11, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 188800 S.SR 47 18800 S.SR 47 FORT WHITE, FL 32038 FORT WHITE, FL 32038 **Current Mailing Address: New Mailing Address:** PO BOX 435 FORT WHITE, FL 320380435 FEI Number: 31-1477596 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LONG, KENNETH 320 NW 5TH STREET HIGH SPRINGS, FL 32649 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition BUCK, ALBERT Name: Name: 917 SW IOWA DRIVE Address: Address: FORT WHITE, FL 32038 City-St-Zip: City-St-Zip: Title: ROD () Delete Title: () Change () Addition DESSERT, KEN Name: Name: Address: 284 SW ROYAL CRT Address: City-St-Zip: LAKE CITY, FL 32024 City-St-Zip: Title: PD () Delete Title: () Change () Addition LONG, KENNETH W Name: Name: 320 NW 1ST STREET Address: Address: City-St-Zip: HIGH SPRINGS, FL 32643 City-St-Zip: Title: () Delete Title: () Change () Addition Name: MCALHANY, PAT Name: 420 SW MARYNIK DRIVE Address: Address: City-St-Zip: HIGH SPRINGS, FL 32643 City-St-Zip: Title: () Delete Title: (X) Change () Addition RUBANICK, CELESTE DAVIS, JOHN Name: Name: 20927 NW 78 AVE 9650 SW 12 TERRACE Address: Address: City-St-Zip: ALACHUA, FL 326157029 City-St-Zip: CHIEFLAND, FL 326263656 Title: () Delete Title: RMO (X) Change () Addition EVANS, LINDA EVANS, LINDA Name: Name: Address: 354 NW 93RD LANE Address: 354 NW 93RD LANE BRANFORD, FL 32008 BRANFORD, FL 32008 City-St-Zip: 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: PAT MCALHANY TREA 04/11/2009