

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003826

FILED
Apr 21, 2008
Secretary of State

Entity Name: THE RIVER JUNCTION HUNTING CLUB INC.

Current Principal Place of Business:

500 MAIN ST
CHATTAHOOCHEE, FL 32324

New Principal Place of Business:

8110 POPE ST
SNEADS, FL 32460

Current Mailing Address:

500 MAIN ST
CHATTAHOOCHEE, FL 32324

New Mailing Address:

8110 POPE ST
SNEADS, FL 32460

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEVIS, DAVID
500 MAIN ST
CHATTAHOOCHEE, FL 32324 US

Name and Address of New Registered Agent:

WEEKS, DONOVAN L
8110 POPE ST.
SNEADS, FL 32460 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: DONOVAN L. WEEKS

04/21/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: ST () Delete
Name: WEEKS, DONOVAN
Address: 8110 POPE STREET
City-St-Zip: SNEADS, FL 32460

Title: P () Delete
Name: HUMPHERY, DONNY
Address: GEN. DEL
City-St-Zip: CHATAHOOCHEE, FL 32301

Title: BD () Delete
Name: ROWAN, HUGH
Address: 511 ASPALAGA ROAD
City-St-Zip: QUINCY, FL 32351

Title: BD () Delete
Name: DYKES, MIKE
Address: 552 MCPHAUL ROAD
City-St-Zip: CHATTACHOOCHIEE, FL 32324

Title: BD () Delete
Name: TYUS, CHARLES
Address: 486 MIDDLE CREEK ROAD
City-St-Zip: QUINCY, FL 32351

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: RA (X) Change () Addition
Name: WEEKS, DONOVAN
Address: 8110 POPE STREET
City-St-Zip: SNEADS, FL 32460

Title: PRES (X) Change () Addition
Name: HUMPHERY, DONNY
Address: GEN. DEL
City-St-Zip: CHATAHOOCHEE, FL 32301

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 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: DONOVAN L. WEEKS

RA

04/21/2008

Electronic Signature of Signing Officer or Director

Date