

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003826

FILED  
Apr 29, 2009  
Secretary of State

**Entity Name:** THE RIVER JUNCTION HUNTING CLUB INC.

**Current Principal Place of Business:**

8110 POPE ST  
SNEADS, FL 32460

**New Principal Place of Business:**

**Current Mailing Address:**

8110 POPE ST  
SNEADS, FL 32460

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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

Title: PRES ( ) 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: CHATTACHOOCHEE, 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: ( ) 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 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 WEEKS

SEC

04/29/2009

Electronic Signature of Signing Officer or Director

Date