

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004510

FILED
Apr 09, 2009
Secretary of State

Entity Name: FORTNER HUNTING CLUB, INC.

Current Principal Place of Business:

6469 DANIEL GRIFFIS ROAD
JAY, FL 32565

New Principal Place of Business:

Current Mailing Address:

6469 DANIEL GRIFFIS ROAD
JAY, FL 32565

New Mailing Address:

FEI Number: 59-3345146

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARDEN, MILLARD
6469 DANIEL GRIFFIS ROAD
JAY, FL 32565 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: D () Delete
Name: CARDEN, CHARLES
Address: 6469 DANIEL GRIFFIS ROAD
City-St-Zip: JAY, FL 32565

Title: D () Delete
Name: HAWSEY, JACKY
Address: 6469 DANIEL GRIFFIS ROAD
City-St-Zip: JAY, FL 32565

Title: D () Delete
Name: HULLETT, DAVID
Address: 6469 DANIEL GRIFFIS RD
City-St-Zip: JAY, FL

Title: P () Delete
Name: CARDEN, MILLARD
Address: 6469 DANIEL GRIFFIS ROAD
City-St-Zip: JAY, FL 32565

Title: V () Delete
Name: ROBERTS, TIM
Address: 6469 DANIEL GRIFFIS ROAD
City-St-Zip: JAY, FL 32565

Title: ST () Delete
Name: DOYLE HUNTER
Address: 6469 DANIEL GRIFFIS RD
City-St-Zip: JAY, FL

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:

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: MILLARD CARDEN

PRES

04/09/2009

Electronic Signature of Signing Officer or Director

Date