


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90021 031 ****61.25

DOCUMENT # N96000002594 1. Entity Name BIMINI ONE HUNTING ASSOCIATION INC.					
Principal Place of Business CHARLES BEMBRY PO BOX 2162 BUNNELL, FL 32110 US			Mailing Address 6156 DEL RIO DRIVE PORT ORANGE, FL 32127 US		
2. Principal Place of Business - No P.O. Box # Russel Smith Suite, Apt. #, etc. 106 CR 140		3. Mailing Address Suite, Apt. #, etc. 			
City & State Bunnell FL		City & State 		4. FEI Number 59-3393716.	
Zip 32110		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MERCER, LOUIE W 6156 DEL RIO DRIVE PORT ORANGE, FL 32127			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</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	
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> Make check payable to Florida Department of State </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P NAME BEMBRY, CHARLES STREET ADDRESS PO BOX 2162 CITY-ST-ZIP BUNNELL, FL 32110	<input checked="" type="checkbox"/> Delete		TITLE P NAME Russel Smith STREET ADDRESS 106 CR 140 CITY-ST-ZIP Bunnell FL 32110	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME PURVIS, AL STREET ADDRESS 2005 S CLARA AV CITY-ST-ZIP DELAND, FL 32720	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME SAYARDS, ALVIN STREET ADDRESS RT 1 BOX 184 CITY-ST-ZIP BUNNELL, FL 32110	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME RICHARDS, PAT STREET ADDRESS 126 PINO TREE LN CITY-ST-ZIP BUNNELL, FL 32110	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME NOBLES, JEFF STREET ADDRESS 4051 ACORN AV CITY-ST-ZIP BUNNELL, FL 32110	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME BENNETT, RICHARD STREET ADDRESS 1576 HAMMOCK DR CITY-ST-ZIP HOLLY HILL, FL 32117	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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>Louie W Mercer</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2-11-08 <small>Date</small>		386 527 065 <small>Daytime Phone #</small>