


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000002986

1. Entity Name
 POND FORK SPORTSMAN HUNTING CLUB, INC.



Principal Place of Business _____ Mailing Address _____
 7951 PINE FOREST ROAD 7951 PINE FOREST ROAD
 WALNUT HILL, FL 32568 WALNUT HILL, FL 32568

DO NOT WRITE IN THIS SPACE



03162005 No Chg-NP CR2E037 (10/03)

4. FEI Number
 NOT APPLICABLE

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

GIBSON, MERVIN
 7951 PINE FOREST ROAD
 WALNUT HILL, FL 32568

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

U00000271804
 03/21/05 08002 017 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GIBSON, MERVIN 7951 PINE FOREST ROAD WALNUT HILL, FL 32568
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HASSELL, B.T. 3131 S. PINEVILLE RD. WALNUT HILL, FL 32568
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GREESON, WILLIAM H 617 ORBY STREET PENSACOLA, FL 32534
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *William H Greeson* **William H GREESON** 3/16/05 850 477 3831
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #