


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2008 8:00 am**  
**Secretary of State**

04-09-2008 90025 050 \*\*\*\*61.25

<b>DOCUMENT # N97000004927</b> 1. Entity Name <b>CAMP BLANDING ROD &amp; GUN CLUB INC.</b>					
Principal Place of Business <b>RT 1 BOX 477 CAMP BLANDING STARKE, FL 32091</b>			Mailing Address <b>9421 SE 9TH AV STARKE, FL 32091</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03122008 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number <b>NOT APPLICABLE</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>JENNINGS, CHUCK 5285 SWEAT RD GREEN COVE SPRINGS, FL 32043</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code         </span>		
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 _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BONNER, CARY W JR</b>		NAME		
STREET ADDRESS	<b>PO BOX 536</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>KEYSTONE HEIGHTS, FL 32656</b>		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>JENNINGS, CHUCK</b>		NAME		
STREET ADDRESS	<b>5285 SWEAT ROAD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>GREEN COVE SPRINGS, FL 32043</b>		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>LILES, DARRYL</b>		NAME		
STREET ADDRESS	<b>RT 1 BOX 477 CAMP BLANDING</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MELBOURNE, FL 32901</b>		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>RAULERSON, TOMMY</b>		NAME		
STREET ADDRESS	<b>9421 SE 9TH AV</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>STARKE, FL 32091</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
<b>SIGNATURE: Tommy H Raulerson</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>4-8-08 352 473 2063</b> <small>Date Daytime Phone #</small>		