

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004927

FILED
Mar 20, 2009
Secretary of State

Entity Name: CAMP BLANDING ROD & GUN CLUB INC.

Current Principal Place of Business:

RT 1 BOX 477
CAMP BLANDING
STARKE, FL 32091

New Principal Place of Business:

Current Mailing Address:

9421 SE 9TH AV
STARKE, FL 32091

New Mailing Address:

FEI Number: 59-3465406

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JENNINGS, CHUCK
5285 SWEAT RD
GREEN COVE SPRINGS, FL 32043 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: P () Delete
Name: BONNER, CARY W JR
Address: PO BOX 536
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: VP () Delete
Name: JENNINGS, CHUCK
Address: 5285 SWEAT ROAD
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: S () Delete
Name: LILES, DARRYL
Address: RT 1 BOX 477 CAMP BLANDING
City-St-Zip: MELBOURNE, FL 32901

Title: T () Delete
Name: RAULERSON, TOMMY
Address: 9421 SE 9TH AV
City-St-Zip: STARKE, FL 32091

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:

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: CARY BONNER

P

03/20/2009

Electronic Signature of Signing Officer or Director

Date