


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 04, 2008 08:00 AM
Secretary of State

DOCUMENT # N98000004175		
1. Entity Name SAND SLOUGH HUNTING CLUB, INC.		
Principal Place of Business 13851 NE 20 STREET WILLISTON, FL 32696	Mailing Address 13851 NE 20 STREET WILLISTON, FL 32696	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent FUGATE, NORM D 444 NW MAIN STREET SUITE 1 WILLISTON, FL 32696		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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	U000000847373 03/19/08-80017-016 61.25
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PENDRAY, ALFRED 13950 NE 20 STREET WILLISTON, FL 32696	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PENDRAY, EDWARD 13851 NE 20TH STREET WILLISTON, FL 32696	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WINGO, RAYMOND 3041 DAISY MAE ROAD ORLANDO, FL 328172012	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS 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.		
SIGNATURE: <u>Ed Pendray</u> Ed PENDRAY		3 MAR 08 352-8433193
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>



02282008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3462739	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	