

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90083 007 ****61.25

DOCUMENT # N99000002747

1. Entity Name

GAD'S BAY HUNTING CLUB, INC.



Principal Place of Business

PO BOX 1814
CHIEFLAND FL 32626

Mailing Address

PO BOX 1814
CHIEFLAND FL 32626

2. Principal Place of Business

GADS BAY HUNTING CLUB, INC.

3. Mailing Address

P.O. BOX 1814

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
CHIEFLAND, FL

City & State

Zip
32626

Country
USA

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORBIN, JONNIE
350 NE 209 TERRACE
WILLISTON FL 32696

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

JONNIE CORBIN

4/26/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
DAVIS, BEN
PO BOX 518
ARCHER FL 32618 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
BLUSH, BILL
340 BAY PLAZA DRIVE
TREASURE ISLAND FL 33706 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CORBIN, JONNIE
350 NE 209TH TERR
WILLISTON FL 32696 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CARR, PHILLIP
224 COUNTY LINE ROAD W
LUTZ FL 33549 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MAHONEY, MIKE
4801 DOVER ST NE
ST. PETERSBURG FL 33730 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BITTER, WARREN
1751 NW CR 345
CHIEFLAND FL 32626 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
TIM CASTELL
6251 N.W. 81ST PLACE
CHIEFLAND, FL 32644 ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Jonnie Corbin

JONNIE CORBIN,

4/26/04

352-372-3963

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #