

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # N99000002747

1. Entity Name  
GAD'S BAY HUNTING CLUB, INC.



Principal Place of Business  
GADS BAY HUNTING CLUB, INC.  
P.O. BOX 1814  
CHIEFLAND, FL 32626 US

Mailing Address  
GADS BAY HUNTING CLUB, INC.  
P.O. BOX 1814  
CHIEFLAND, FL 32626 US

**FILED**  
**Mar 14, 2005 08:00 AM**  
**Secretary of State**



03112005 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

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**

CORBIN, JONNIE  
350 NE 209 TERRACE  
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000263254  
03/14/05-80086-025 61.25

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVIS, BEN PO BOX 518 ARCHER, FL 32618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BLUSH, BILL 340 BAY PLAZA DRIVE TREASURE ISLAND, FL 33706
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORBIN, JONNIE 350 NE 209TH TERR WILLISTON, FL 32696
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARR, PHILLIP 224 COUNTY LINE ROAD W LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAHONEY, MIKE 4801 DOVER ST NE ST. PETERSBURG, FL 33730
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASTELL, TIM 6251 N.W. 81ST PLACE CHIEFLAND, FL 32644

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IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-11-05 352-372-3963