


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2006 8:00 am**  
**Secretary of State**

04-07-2006 90039 039 \*\*\*\*61.25

<b>DOCUMENT # N99000002747</b> 1. Entity Name <b>GAD'S BAY HUNTING CLUB, INC.</b>					
Principal Place of Business <b>GADS BAY HUNTING CLUB, INC.</b> <b>P.O. BOX 1814</b> <b>CHIEFLAND, FL 32626 US</b>			Mailing Address <b>GADS BAY HUNTING CLUB, INC.</b> <b>P.O. BOX 1814</b> <b>CHIEFLAND, FL 32626 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>NOT APPLICABLE</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>CORBIN, JONNIE</b> <b>350 NE 209 TERRACE</b> <b>WILLISTON, FL 32696</b>				7. Name and Address of New Registered Agent Name <u>Shepherd, Bill</u> Street Address (P.O. Box Number is Not Acceptable) <u>6395 CR 214</u> City <u>KeyStone Heights, FL</u> Zip Code <u>32656</u>	
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 <u>Bill Shepherd</u> <u>Bill Shepherd Director</u> <u>4/13/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVIS, BEN PO BOX 518 ARCHER, FL 32618	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BLUSH, BILL 340 BAY PLAZA DRIVE TREASURE ISLAND, FL 33706	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORBIN, JONNIE 350 NE 209TH TERR WILLISTON, FL 32696	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARR, PHILLIP 224 COUNTY LINE ROAD W LUTZ, FL 33549	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAHONEY, MIKE 4801 DOVER ST NE ST. PETERSBURG, FL 33730	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASTELL, TIM 6251 N.W. 81ST PLACE CHIEFLAND, FL 32644	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bill Shepherd 6395 CR 214 KeyStone Heights, FL 32656				
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>Bill Shepherd</u> <u>Bill Shepherd</u> <u>4/13/06</u> <u>(352)215-2826</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

**50010062**



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