

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002747

FILED
Jun 27, 2007
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

US 19
OTTER CREEK, FL 32621 US

Current Mailing Address:

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

New Mailing Address:

GAD'S BAY HUNTING CLUB, INC
P.O. BOX 1814
CHIEFLAND, FL 32626 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SHEPARD, BILL
6395 CR 214
KEYSTONE HEIGHTS, FL 32656 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: PD () Delete
Name: DAVIS, BEN
Address: PO BOX 518
City-St-Zip: ARCHER, FL 32618

Title: DV () Delete
Name: BLUSH, BILL
Address: 340 BAY PLAZA DRIVE
City-St-Zip: TREASURE ISLAND, FL 33706

Title: D () Delete
Name: SHEPARD, BILL
Address: 6395 CR 214
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: D () Delete
Name: CARR, PHILLIP
Address: 224 COUNTY LINE ROAD W
City-St-Zip: LUTZ, FL 33549

Title: D () Delete
Name: MAHONEY, MIKE
Address: 4801 DOVER ST NE
City-St-Zip: ST. PETERSBURG, FL 33730

Title: D () Delete
Name: CASTELL, TIM
Address: 6251 N.W. 81ST PLACE
City-St-Zip: CHIEFLAND, FL 32644

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:

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: BILL SHEPHERD

D

06/27/2007

Electronic Signature of Signing Officer or Director

Date