

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003798

FILED  
Apr 17, 2009  
Secretary of State

Entity Name: ROADS END HUNTING CAMP, INC.

**Current Principal Place of Business:**

745 WEST FORSYTH ST  
JACKSONVILLE, FL 32204

**New Principal Place of Business:**

**Current Mailing Address:**

745 WEST FORSYTH ST  
JACKSONVILLE, FL 32204

**New Mailing Address:**

FEI Number: 14-1893545      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WOOD, JOHN H  
745 WEST FORSYTH ST  
JACKSONVILLE, FL 32204      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: P      ( ) Delete  
Name: JEFFERSON, CHARLIE  
Address: 614 E. 57TH STREET  
City-St-Zip: JACKSONVILLE, FL 32208

Title: 1V      ( ) Delete  
Name: STRICKLAND, BRUCE  
Address: 2800 CODEY LANE  
City-St-Zip: HILLIARD, FL 32046

Title: T      ( ) Delete  
Name: JEFFERSON, JERAMIE  
Address: 4154 SAN JUAN AVE  
City-St-Zip: JACKSONVILLE, FL 32210

Title: DS      ( ) Delete  
Name: WOOD, JOHN  
Address: 13160 SUMMIT CREEK ROAD  
City-St-Zip: JACKSONVILLE, FL 32224

Title: V      ( ) Delete  
Name: NEWTON, LARRY 111  
Address: 1758 PRONGHORN COURT  
City-St-Zip: JACKSONVILLE, FL 32225

**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:

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: JOHN H. WOOD

DS

04/17/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date