

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90016 041 ****61.25

DOCUMENT # N99000004217

1. Entity Name

BAY SPRINGS SPORTSMEN CLUB, INC.



Principal Place of Business

**4420 IVORY LANE
MOLINO FL 32577**

Mailing Address

**4420 IVORY LANE
MOLINO FL 32577**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number
59-3643602

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPIVEY, KEN
4420 IVORY LANE
MOLINO FL 32577**

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

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, 2008**

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 ☐ Delete
NAME **P**
STREET ADDRESS **WEAVER, JIMMY**
CITY-ST-ZIP **4420 IVORY LANE
MOLINO FL 32577**

TITLE ☐ Change ☒ Addition
NAME **Secretary**
STREET ADDRESS **H.L. Goodrich**
CITY-ST-ZIP **1841 Hallmark Dr., FL 32503
Pensacola, FL**

TITLE ☐ Delete
NAME **VD**
STREET ADDRESS **MILLER, JIMMY**
CITY-ST-ZIP **3812 CRABTREE CHURCH RD.
MOLINO FL 32577**

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **Tony Clements**
CITY-ST-ZIP **1418 Knollwood Dr
Cantonment, FL 32537**

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **SPIVEY, KENNY**
CITY-ST-ZIP **4420 IVORY LANE
MOLINO FL 32577**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **PRITCHETT, RONNIE**
CITY-ST-ZIP **P.O. BOX 425
MOLINO FL 32577**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **LEWES, NEAL**
CITY-ST-ZIP **7690 DEER RUN LN
WALNUT HILL FL 32568**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **BETHEA, BUDDY**
CITY-ST-ZIP **8020 S HWY 99
WALNUT HILL FL 32568**

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Ken Spivey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-08 850 587 4101

Date

Daytime Phone #