# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 22, 2009**
**Secretary of State**

DOCUMENT# N99000004217

**Entity Name:** BAY SPRINGS SPORTSMEN CLUB, INC.

**Current Principal Place of Business:**

4420 IVORY LANE
MOLINO, FL 32577

**New Principal Place of Business:**

**Current Mailing Address:**

4420 IVORY LANE
MOLINO, FL 32577

**New Mailing Address:**

**FEI Number: 59-3643602** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

SPIVEY, KEN
4420 IVORY LANE
MOLINO, FL 32577 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: | WEAVER, JIMMY | |
| Address: | 4420 IVORY LANE | |
| City-St-Zip: | MOLINO, FL 32577 | |
| Title: | VD | ( ) Delete |
| Name: | MILLER, JIMMY | |
| Address: | 3812 CRABTREE CHURCH RD. | |
| City-St-Zip: | MOLINO, FL 32577 | |
| Title: | T | ( ) Delete |
| Name: | SPIVEY, KENNY | |
| Address: | 4420 IVORY LANE | |
| City-St-Zip: | MOLINO, FL 32577 | |
| Title: | D | ( ) Delete |
| Name: | PRITCHETT, RONNIE | |
| Address: | P.O. BOX 425 | |
| City-St-Zip: | MOLINO, FL 32577 | |
| Title: | D | ( ) Delete |
| Name: | LEWES, NEAL | |
| Address: | 7690 DEER RUN LN | |
| City-St-Zip: | WALNUT HILL, FL 32568 | |
| Title: | D | ( ) Delete |
| Name: | BETHEA, BUDDY | |
| Address: | 8020 S HWY 99 | |
| City-St-Zip: | WALNUT HILL, FL 32568 | |

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | P | (X) Change ( ) Addition |
| Name: | WEAVER, JIMMY | |
| Address: | 5866 PILGRIM TRAIL ROAD | |
| City-St-Zip: | MOLINO, FL 32577 | |
| 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: KENNY SPIVEY T 01/22/2009

Electronic Signature of Signing Officer or Director — Date