

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2008 08:00 AM
Secretary of State

DOCUMENT # N99000006959

1. Entity Name
NATIONAL GARDENS HUNTING CLUB, INC.



Principal Place of Business
**604 ST. AUGUSTINE SOUTH DR.
ST. AUGUSTINE, FL 32086**

Mailing Address
**604 ST. AUGUSTINE SOUTH DR.
ST. AUGUSTINE, FL 32086**



01252008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3619975

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BAGLEY, MICHAEL O
604 ST. AUGUSTINE SOUTH DR.
ST. AUGUSTINE, FL 32086**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	COLEMAN, J.M.
STREET ADDRESS	118 EAST FIRST ST.
CITY-ST-ZIP	CALLAHAN, FL 32011
TITLE	VD
NAME	COLEMAN, J.M. JR.
STREET ADDRESS	118 EAST FIRST ST.
CITY-ST-ZIP	CALLAHAN, FL 32011
TITLE	STD
NAME	BAGLEY, MICHAEL O
STREET ADDRESS	604 ST. AUGUSTINE SOUTH DR.
CITY-ST-ZIP	ST. AUGUSTINE, FL 32086
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Michael O. Bagley*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-2008 904-501-5835
Date Daytime Phone #