

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-28-2007 90001 038 ***150.00

DOCUMENT # P95000097270

1. Entity Name
BEAR CREEK SPORTSMAN ASSOCIATION, INC.



Principal Place of Business
**318 MOORE DR
LYNN HAVEN, FL 32444 US**

Mailing Address
**BOX 4183
PANAMA CITY, FL 32401 US**

DO NOT WRITE IN THIS SPACE



01172007 No Chg-P CR2E034 (11/05)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WOOTEN, CHARLES T
318 MOORE DRIVE
LYNN HAVEN, FL 32444**

**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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|-------------------------|
| TITLE | D |
| NAME | WOOTEN, CHARLES T |
| STREET ADDRESS | 318 MOORE DR |
| CITY-ST-ZIP | LYNN HAVEN, FL 32444 |
| TITLE | D |
| NAME | WHITAKER, JOHN |
| STREET ADDRESS | 7117 JOHN PITTS RD |
| CITY-ST-ZIP | PANAMA CITY, FL 32404 |
| TITLE | TD |
| NAME | STEPHENS, TOM L |
| STREET ADDRESS | 5718 KEVIN CIR |
| CITY-ST-ZIP | CALLAWAY, FL 32404 |
| TITLE | D |
| NAME | BEACH, JAMES III |
| STREET ADDRESS | 9608 MAJETTE TOWER ROAD |
| CITY-ST-ZIP | PANAMA CITY, FL 32404 |
| TITLE | D |
| NAME | CALHOUN, HENRY |
| STREET ADDRESS | RURAL BOX 2072 |
| CITY-ST-ZIP | YOUNGSTOWN, FL 32466 |
| 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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
2/19/07

Date

Daytime Phone #

850-769-1408