

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000086447

FILED
Apr 21, 2009
Secretary of State

Entity Name: THE LAKE IAMONIA GUN CLUB, INC.

Current Principal Place of Business:

12566 WATERFRONT DR
TALLAHASSEE, FL 32312

New Principal Place of Business:

Current Mailing Address:

7765 HAVANA HIGHWAY
HAVANA, FL 32333

New Mailing Address:

FEI Number: 59-3475773 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HARRELL, ROBERT C
7765 HAVANA HIGHWAY
HAVANA, FL 32333 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KNAPP, FORREST
Address: 111 REMINGTON AVE
City-St-Zip: THOMASVILLE, GA 31792

Title: VPD () Delete
Name: KNAPP, TAYLOR
Address: 111 REMINGTON AVE
City-St-Zip: THOMASVILLE, GA 31792

Title: D () Delete
Name: RUMBLE, THEO JR
Address: 5353 W ATLANTIC AVE
City-St-Zip: DELRAY BEACH, FL 33484

Title: D () Delete
Name: CRAWFORD, ELOISE
Address: P O BOX 587
City-St-Zip: DOUGLAS, GA 31534

Title: STD () Delete
Name: HARRELL, ROBERT C
Address: 7765 HAVANA HIGHWAY
City-St-Zip: HAVANA, FL 32333

Title: D () Delete
Name: KNAPP, JAY
Address: 335 N PINETREE BLVD
City-St-Zip: THOMASVILLE, GA 31792

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:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT C. HARRELL

ST

04/21/2009

Electronic Signature of Signing Officer or Director

_____ Date