

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 748493

**Entity Name:** SAND-FLY HUNTING CLUB, INC.**Current Principal Place of Business:**107 EAST PARK AVENUE  
CHIEFLAND, FL 32626**Current Mailing Address:**107 EAST PARK AVENUE  
CHIEFLAND, FL 32626**FEI Number:** 59-2749663**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BEAUCHAMP, GREGORY V.  
107 EAST PARK AVENUE  
CHIEFLAND, FL 32626 US*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**Officer/Director Detail :**

Title	T
Name	ALLEN, RAYMOND
Address	STATE RD 341
City-State-Zip:	CHIEFLAND FL 32626

Title	DIRECTOR
Name	MILLER, MIKE
Address	2240 NW 225TH AVENUE
City-State-Zip:	DUNNELLON FL 34431

Title	SECRETARY
Name	FLORENCE, DAVID
Address	7791 NW CR 345
City-State-Zip:	CHIEFLAND FL 32626

Title	DIRECTOR
Name	SIMMIONS, DAN
Address	316 PARADISE ISLAND DRIVE
City-State-Zip:	HAINES CITY FL 33844

Title	TREASURER
Name	BROWN, JERRY F JR.
Address	7769 SE 90TH AVENUE
City-State-Zip:	NEWBERRY FL 32669

Title	VICE PRESIDENT
Name	BOLTON, DAVID
Address	P. O. BOX 953
City-State-Zip:	NEWBERRY FL 32669

Title	DIRECTOR
Name	BAIRD, JIM
Address	1020 11TH PLACE
City-State-Zip:	VERO BEACH FL 32960

Title	DIRECTOR
Name	HUTCHINSON, HAROLD
Address	11064 KNUCKEY RD
City-State-Zip:	WEEKI WACHEE FL 34614

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE:** JERRY BROWN,JR.**TREASURE****01/23/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title	PRESIDENT
Name	WILSON, DAVID
Address	7650 NW 25TH PLACE
City-State-Zip:	CHIEFLAND FL 32626