

**2020 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           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           BENNETT, JAKE R.  
Address        8762 E, MOCASSIN SLOUGH RD.  
City-State-Zip: INVERNESS FL 34450

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

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

Title           DIRECTOR  
Name           FLORENCE, DAVID  
Address        9450 SW 12TH TERRACE  
City-State-Zip: CHIEFLAND FL 32626

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

Title           DIRECTOR  
Name           KRAPF, ALLAN  
Address        12850 SE 58TH LANE  
City-State-Zip: MORRISTON FL 32668

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*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****01/14/2020**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	QUINCEY, SAM
Address	9210 NW 127TH CT
City-State-Zip:	CHIEFLAND FL 32626