

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767727

FILED
Jan 22, 2016
Secretary of State
CC7151862666

Entity Name: RAMSEY BEND HUNTING CLUB, INC.

Current Principal Place of Business:

SOUTH OF US 19 AND EAST OF SR 358
CROSS CITY, FL 32628

Current Mailing Address:

P.O. BOX 224
CROSS CITY, FL 32628-0224 US

FEI Number: 59-2669992

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

PELL, DARRELL E
351 SW 195TH STREET
CROSS CITY, FL 32628 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 P
Name VALENTINE, BRANTLEY
Address 458 SW 181 ST
City-State-Zip: CROSS CITY FL 32628

Title ST
Name PELL, DARRELL E
Address 351 SW 195TH STREET
City-State-Zip: CROSS CITY FL 32628

Title VP
Name VALENTINE, JACKIE
Address 71 SW 128 ST
City-State-Zip: CROSS CITY FL 32628

Title D
Name SMITH, LARRY C
Address 174 SW 11TH AVENUE
City-State-Zip: CROSS CITY FL 32628

Title D
Name OWENS, ROBERT W
Address 316 SE 309 ST
City-State-Zip: CROSS CITY FL 32628

Title D
Name MCKENZIE, HOUSTON
Address 4450 SW 37TH COURT
City-State-Zip: BELL FL 32619

Title DIRECTOR
Name CARTER, DAVID T
Address PO BOX 2895
City-State-Zip: CHIEFLAND FL 32644

Title DIRECTOR
Name LYTLE, STANLEY
Address PO BOX 5413
City-State-Zip: CROSS CITY FL 32628

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: DARRELL E PELL

SECRETARY/TREASURER 01/22/2016

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date

Officer/Director Detail Continued :

Title DIRECTOR
Name CORBIN, WAYNE
Address 336 SW 911 STREET
City-State-Zip: STEINHATCHEE FL 32359