

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 767727

**FILED**  
**Jan 18, 2020**  
**Secretary of State**  
**2146613644CC**

**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:** No

**Name and Address of Current Registered Agent:**

LAND, ALTON D  
5112 SE 55A HWY  
OLD TOWN, FL 32680 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:** ALTON D LAND

01/18/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name BUCHANAN, ALVIN  
Address 262 NE 601ST STREET  
City-State-Zip: OLD TOWN FL 32680

Title ST  
Name LAND, ALTON D  
Address 5112 SE 55A HWY  
City-State-Zip: OLD TOWN FL 32680

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

Title D  
Name DURRANCE, JESSIE H  
Address PO BOX 52  
City-State-Zip: CHIEFLAND FL 32626

Title D  
Name EVANS, LEROY E  
Address 350 SE 467TH STREET  
City-State-Zip: OLD TOWN FL 32680

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 543  
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:** ALTON D LAND

**TREASURER**

01/18/2020

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