

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2004 8:00 am**  
**Secretary of State**

02-20-2004 90004 025 \*\*\*\*61.25

<b>DOCUMENT # N94000006321</b>					
<b>1. Entity Name</b> IAMONIA LAKE HUNTING AND FISHING CLUB, INC.					
<b>Principal Place of Business</b> 16783 SE PEAR ST. BLOUNTSTOWN, FL 32424			<b>Mailing Address</b> P O BOX 360 BLOUNTSTOWN, FL 32424 US		
<b>2. Principal Place of Business</b> 16783 SE South Pear St.		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<b>4. FEI Number</b> 59-0609996					
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
<b>6. Name and Address of Current Registered Agent</b> STOUTAMIRE, WILLIAM F 117 S PEAR STREET BLOUNTSTOWN, FL 32424					
<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 16783 SE South Pear Street City <span style="float: right;">FL</span> Zip Code					
<b>8. 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. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCMILLAN, PHILLIP 1807 RIVER ST. BLOUNTSTOWN, FL 32424	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	O Darryl Taylor, Jr. 18469 NE Frank Williams Road Blountstown, Fl 32424	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEONARD, HAYES 1701 S. PEAR BLOUNTSTOWN, FL 32424	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	O David D. House 20012 SW Dogwood Avenue Blountstown, Fl 32424	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCLELLAN, HENTZ 119 RIVER ST. BLOUNTSTOWN, FL 32424	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	O Clifford Goodman 23380 NE SR 69 Blountstown, Fl 32424	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLLEY, TRUMAN 100 CHIPOLA RD. BLOUNTSTOWN, FL 32424	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ed Curlee 13659 SE Bridges Ln. Blountstown, Fl 32424	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALLEY, JOHNNY 239 N. MAIN ST. BLOUNTSTOWN, FL 32424	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jack Gaskin 16236 SR 71 S Blountstown, Fl 32424	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEACOCK, JAMES C PO BOX 613 BLOUNTSTOWN, FL 32424	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Burke Hayes 14435 NW Hayes Road Blountstown, Fl 32424	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b> <i>William F. Stoutamire</i>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date <i>2-17-04</i> Daytime Phone # <i>850-614-5974</i>					