


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N94000006321 1. Entity Name IAMONIA LAKE HUNTING AND FISHING CLUB, INC.	
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Principal Place of Business 16783 SE SOUTH PEAR ST. BLOUNTSTOWN, FL 32424	Mailing Address P O BOX 360 BLOUNTSTOWN, FL 32424 US
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01042006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-0609996	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent STOUTAMIRE, WILLIAM F 117 SE SOUTH PEAR STREET BLOUNTSTOWN, FL 32424

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCMILLAN, PHILLIP 1807 RIVER ST. BLOUNTSTOWN, FL 32424
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEONARD, HAYES 1701 S. PEAR BLOUNTSTOWN, FL 32424
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCLELLAN, HENTZ 119 RIVER ST. BLOUNTSTOWN, FL 32424
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLLEY, TRUMAN 100 CHIPOLA RD. BLOUNTSTOWN, FL 32424
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CURLEE, ED 13659 SE RIDGES LANE BLOUNTSTOWN, FL 32424
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STOUTAMIRE, WILLIAM F PO BOX 360 BLOUNTSTOWN, FL 32424

000000389916
01/23/06-80004-014 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-06 850-674-5974
Date Daytime Phone #