


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2007 8:00 am
Secretary of State

03-01-2007 90014 007 ****61.25

DOCUMENT # N94000006321	
1. Entity Name IAMONIA LAKE HUNTING AND FISHING CLUB, INC.	

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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40026820



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02282007 Chg-NP CR2E037 (12/06)

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
STOUTAMIRE, WILLIAM F 117 SE SOUTH PEAR STREET BLOUNTSTOWN, FL 32424		Name Street Address (P.O. Box Number is Not Acceptable) 16783 SE SOUTH PEAR STREET City FL Zip Code	

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCMILLAN, PHILLIP 1807 RIVER ST. BLOUNTSTOWN, FL 32424 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 15507 SE Coastal Street
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 15541 SE Pear Street
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 17518 NE Teresa Terrace Street
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 16766 SW Chipola Street
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CURLEE, ED 13659 SE RIDGES LANE BLOUNTSTOWN, FL 32424 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13659 SE Bridges Lane
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STOUTAMIRE, WILLIAM F PO BOX 360 BLOUNTSTOWN, FL 32424 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

William F. Stoutamire

02/28/2007 850-674-5974

Date

Daytime Phone #