

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000006321

Entity Name: IAMONIA LAKE HUNTING AND FISHING CLUB, INC.**Current Principal Place of Business:**16783 SE PEAR STREET
BLOUNTSTOWN, FL 32424**Current Mailing Address:**P O BOX 360
BLOUNTSTOWN, FL 32424 US**FEI Number:** 59-0609996**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**STOUTAMIRE, WILLIAM F
16783 SE PEAR STREET
BLOUNTSTOWN, FL 32424 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 D
Name MCMILLAN, PHILLIP
Address 15507 SE COASTAL ST.
City-State-Zip: BLOUNTSTOWN FL 32424

Title D
Name HOLLEY, TRUMAN
Address 16766 SW CHIPOLA STREET
City-State-Zip: BLOUNTSTOWN FL 32424

Title DIRECTOR
Name DANIELS, JERRY
Address P. O. BOX 676
City-State-Zip: BLOUNTSTOWN FL 32424

Title DIRECTOR
Name LEONARD, MIKE
Address 11263 SW CR 275
City-State-Zip: BLOUNTSTOWN FL 32424

Title D
Name MCCLELLAN, HENTZ
Address 17518 NE TERESA TERR. ST.
City-State-Zip: BLOUNTSTOWN FL 32424

Title T
Name STOUTAMIRE, WILLIAM F
Address 16783 S PEAR STREET
City-State-Zip: BLOUNTSTOWN FL 32424

Title DIRECTOR
Name BRISTOL, CLIFFORD DR.
Address 15333 NW CR 12
City-State-Zip: BRISTOL FL 32321

Title DIRECTOR
Name PEACOCK, JOHN CHARLES
Address P. O. BOX 613
City-State-Zip: BLOUNTSTOWN FL 32424

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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: WILLIAM F. STOUTAMIRE**SECRETARY &
TREASURER**

01/25/2016

Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HAYES, D. BROOKS II
Address P. O. BOX 794
City-State-Zip: BLOUNTSTOWN FL 32424

Title DIRECTOR
Name HALLEY, MIKE
Address 21354 NE JOHN REDD ROAD
City-State-Zip: BLOUNTSTOWN FL 32424