

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**97 FEB 25 PM 2:55**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 741417 (0)**

1. Corporation Name  
**ST. FRANCIS OF ASSISI WILDLIFE ASSOCIATION, INCORPORATED**



Principal Place of Business <b>1940 N MONROE TALLAHASSEE FL 32303 US</b>	Mailing Address <b>P O BOX 38180 TALLAHASSEE FL 32315-8180 US</b>
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3. Date Incorporated or Qualified <b>01/23/1978</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-1888022</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

**9. Name and Address of Current Registered Agent**

**LINDSEY, KATHY E  
5649 RUSTIC DR  
TALLAHASSEE FL 32303**

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>FL</b> <b>85</b> Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>SD</b> <input type="checkbox"/> DELETE
NAME	<b>FLETCHER, JOANN</b>
STREET ADDRESS	<b>5394 APPLIEDORE LANE</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL 32308</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>GILLIS, DOUG</b>
STREET ADDRESS	<b>3770 SUFFOLK DRIVE</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL 32308</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>HILL, LOUIS JR.</b>
STREET ADDRESS	<b>5926 MILLER LANDING RD</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL 32312</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>MCCORD, GUYTE P. 111</b>
STREET ADDRESS	<b>503 VINNEDGE RIDE</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL 32303</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>DELONEY, JERRY</b>
STREET ADDRESS	<b>1881 N MLK BLVD.</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL 32303</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE
NAME	<b>LINDSEY, KATHY</b>
STREET ADDRESS	<b>5649 RUSTIC DR</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL 32303</b>

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>400002097704-3</b>
1.3 STREET ADDRESS	<b>-02/25/97--01153--002</b>
1.4 CITY-ST-ZIP	<b>*****70.00 *****70.00</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

**DB-25-91**

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Handwritten Signature]* **Feb. 25, 1997** **386-6296**

Daytime Phone #0008671

CR2E037 (9/96)