FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



ELORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # 741417

ST. FRANCIS OF ASSISI WILDLIFE ASSOCIATION, INCO RPORATED

Principal Place of Business Mailing Address P O BOX 38180 1940 N MONROE 3. Date Incorporated or Qualified TALLAHASSEE FL 32303 TALLAHASSEE FL 32315 01/23/1978 4. FEI Number 59-1888022 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. \$5.00 May Be 8. Election Campaign Financing Trust Fund Contribution Added to Fees 22 27 City & State City & State 7. Is this nonprofit corporation a homeowners association? Yes No 23 28 Country Country Zip 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes 24 29 30 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent LINDSEY, KATHY E Street Address (P.O. Box Number is Not Acceptable) 5649 RUSTIC DR TALLAHASSEE FL 32303 Zip Code 84 City 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, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE Change TITLE 1.1 TITLE FLETCHER, JOANN 1 2 NAME NAME 5394 APPLEDORE LANE STREET ADDRESS 1.3 STREET ADDRESS TALLAHASSEE FL 32308 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change ■ Addition 2.1 TITLE GILLIS, DOUG 2.2 NAME NAME 3770 SUFFOLK DRIVE 2.3 STREET ADDRESS STREET ADDRESS TALLAHASSEE FL 32308 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 3.1 TITLE TITLE HILL, LOUIS JR. 3.2 NAME NAME **5926 MILLER LANDING RD** 3.3 STREET ADDRESS STREET ADDRESS TALLAHASSEE FL 32312 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE ☐ Change Addition 4.1 TITLE TITLE MCCORD, GUYTE P III 4.2 NAME NAME **503 VINNEDGE RIDE** 4.3 STREET ADDRESS STREET ADDRESS TALLAHASSEE FL 32303 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE LINDSEY, KATHY 5.2 NAME NAME 5649 RUSTIC DR 5.3 STREET ADDRESS STREET ADDRESS TALLAHASSEE FL 32303 5.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 6.1 TITLE NALAF 6.2 NAME STREET ADDRESS **6.3 STREET ADORESS**

14. 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 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 witthan address.

SIGNATURE:

(850) 386 639

6.4 CITY - ST-ZIP

CITY-ST-ZIP

FILED

May 08 1998 8:00am

Secretary of State