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Secretary of State

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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 741417

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

Principal Place of Business
**1940 N MONROE
 TALLAHASSEE FL 32303
 US**

Mailing Address
**P O BOX 38160
 TALLAHASSEE FL 32315
 US**



| | | |
|--------------------------------------|---------------------------|--|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 | 3. Date Incorporated or Qualified 01/23/1978 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 4. FEI Number 59-1888022 Applied For <input type="checkbox"/> Not Applicable |
| City & State 23 | City & State 28 | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| Zip 4 | Country 25 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |

| | |
|--|---|
| 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 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL |
|--|---|

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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---------------------------------|--|--|
| TITLE SD | <input type="checkbox"/> DELETE | 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME FLETCHER, JOANN | | 1.2 NAME | |
| STREET ADDRESS 5394 APPLIEDORE LANE | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP TALLAHASSEE FL 32308 | | 1.4 CITY-ST-ZIP | |
| TITLE PD | <input type="checkbox"/> DELETE | 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME GILLIS, DOUG | | 2.2 NAME | |
| STREET ADDRESS 3770 SUFFOLK DRIVE | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP TALLAHASSEE FL 32308 | | 2.4 CITY-ST-ZIP | |
| TITLE D | <input type="checkbox"/> DELETE | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME HILL, LOUIS JR. | | 3.2 NAME | |
| STREET ADDRESS 5926 MILLER LANDING RD | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP TALLAHASSEE FL 32312 | | 3.4 CITY-ST-ZIP | |
| TITLE D | <input type="checkbox"/> DELETE | 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME MCCORD, GUYTE P III | | 4.2 NAME | |
| STREET ADDRESS 503 WINNEDGE RIDE | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP TALLAHASSEE FL 32303 | | 4.4 CITY-ST-ZIP | |
| TITLE TD | <input type="checkbox"/> DELETE | 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME LINDSEY, KATHY | | 5.2 NAME | |
| STREET ADDRESS 5649 RUSTIC DR | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP TALLAHASSEE FL 32303 | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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 with an address, with all other like empowered.

SIGNATURE: *Katherine Harris* SIGNATURE REQUIRED: *Treasurer* 2-5-99 (850) 224-4070
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)