

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2004 8:00 am
Secretary of State

07-27-2004 90039 013 ****70.00

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1. Entity 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

44050188



2. Principal Place of Business
5580 Salem Rd.

3. Mailing Address

07192004 Chg-NP CR2E037 (10/03)

Suite, Apt. #, etc.
Quincy, Florida

City & State
32351

4. FEI Number
59-1888022

Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LINDSEY, KATHY E
 6712 VISALIA PLACE
 TALLAHASSEE, FL 32311**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 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 September 8, 2004

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 Delete **11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10** Change Addition

TITLE **SD**
 NAME **FLETCHER, JOANN**
 STREET ADDRESS **5394 APPLIEDORE LANE**
 CITY-ST-ZIP **TALLAHASSEE, FL 32308**

TITLE
 NAME
 STREET ADDRESS **1631 GOODWOOD DR**
 CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **PD**
 NAME **GILLIS, DOUG**
 STREET ADDRESS **3770 SUFFOLK DRIVE**
 CITY-ST-ZIP **TALLAHASSEE, FL 32308**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D**
 NAME **HILL, LOUIS JR.**
 STREET ADDRESS **5926 MILLER LANDING RD**
 CITY-ST-ZIP **TALLAHASSEE, FL 32312**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D**
 NAME **MCCORD, GUYTE P III**
 STREET ADDRESS **503 VINNEDGE RIDE**
 CITY-ST-ZIP **TALLAHASSEE, FL 32303**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD**
 NAME **LINDSEY, KATHY**
 STREET ADDRESS **5649 RUSTIC DR**
 CITY-ST-ZIP **TALLAHASSEE, FL 32303**

TITLE
 NAME
 STREET ADDRESS **6712 VISALIA PL**
 CITY-ST-ZIP **TALLAHASSEE FL 32311**

TITLE **DT**
 NAME **MUNROE, PETER G**
 STREET ADDRESS **2727 APALACHEE PARKWAY**
 CITY-ST-ZIP **TALLAHASSEE, FL 32301**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 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: Jon Johnson **Jon Johnson** **7/23/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #