
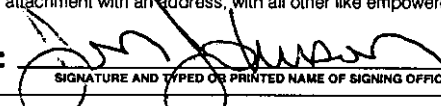


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 741417						FILED 05 AUG 31 AM 10:11 SECURED TALLAHASSEE, FL			
1. Entity Name ST. FRANCIS OF ASSISI WILDLIFE ASSOCIATION, INCORPORATED				Principal Place of Business 5580 SALEM RD. QUINCY, FL 32351 US				Mailing Address P O BOX 38160 TALLAHASSEE, FL 32315 US	
2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-1888022		Not Applicable			
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
Zip	Country	Zip	Country	07112005 Chg-NP		CR2E037 (10/03)			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
LINDSEY, KATHY E 6712 VISALIA PLACE TALLAHASSEE, FL 32311				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>									
Filing Fee Is \$61.25 Due by September 7, 2005			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	SD	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	FLETCHER, JOANN			NAME	TADMAS WOODWARD				
STREET ADDRESS	1631 GOODWOOD DR			STREET ADDRESS	104 W 4TH AVE				
CITY-ST-ZIP	TALLAHASSEE, FL 32308			CITY-ST-ZIP	TALLAHASSEE FL 32303				
TITLE	PD	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	GILLIS, DOUG			NAME	GEORGE SIMMONS				
STREET ADDRESS	3770 SUFFOLK DRIVE			STREET ADDRESS	2701 W MONROE ST				
CITY-ST-ZIP	TALLAHASSEE, FL 32308			CITY-ST-ZIP	TALLAHASSEE FL 32303				
TITLE	D	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	HILL, LOUIS JR.			NAME	RON FOLTZ				
STREET ADDRESS	5926 MILLER LANDING RD			STREET ADDRESS	1611 WOODGATE WAY				
CITY-ST-ZIP	TALLAHASSEE, FL 32312			CITY-ST-ZIP	TALLAHASSEE FL 32308				
TITLE	D	<input type="checkbox"/> Delete		TITLE	900059394900 <input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	MCCORD, GUYTE P III			NAME	09/07/05--01029--021 **61.25				
STREET ADDRESS	503 VINNEDGE RIDE			STREET ADDRESS					
CITY-ST-ZIP	TALLAHASSEE, FL 32303			CITY-ST-ZIP					
TITLE	TD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	LINDSEY, KATHY			NAME					
STREET ADDRESS	6712 VISALIA PL			STREET ADDRESS					
CITY-ST-ZIP	TALLAHASSEE, FL 32311			CITY-ST-ZIP					
TITLE	DT	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	MUNROE, PETER G			NAME					
STREET ADDRESS	2727 APALACHEE PARKWAY			STREET ADDRESS					
CITY-ST-ZIP	TALLAHASSEE, FL 32301			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 EXECUTIVE DIRECTOR 8-14-05		850-386-6296 Daytime Phone #			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>									