

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

05-04-2007 90072 019 \*\*\*\*61.25  
741417

FILED

07 MAY 16 AM 8:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1st MOORE CR2E037 (10/06)

<b>DOCUMENT # 741417</b> 1. Entity Name <b>ST. FRANCIS OF ASSISI WILDLIFE ASSOCIATION, INCORPORATED</b>					
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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-1888022</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
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 <b>PETER G. MUNROE</b> Street Address (P.O. Box Number is Not Acceptable) <b>2727 APALACHEE PKWY</b> City <b>TALLAHASSEE FL</b> Zip Code <b>32301</b>			
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: <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining)</small>				DATE: <b>4-24-07</b>	
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>BO D</b> FLETCHER, JOANN 1631 GOODWOOD DR TALLAHASSEE FL 32308	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>D</b> JAMES A. KUSEK 4975 CLIPPY'S DR TALLAHASSEE FL 32303	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>PD</b> PHIPPS, LAURA 4975 CLIPPY'S DR TALLAHASSEE FL 32303	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>DS</b> ELENITA GOMEZ 714 LOTHIAN DR TALLAHASSEE FL 32312	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>D</b> HILL, LOUIS JR. 5926 MILLER LANDING RD TALLAHASSEE FL 32312	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>V</b> JOHN BRENNAN 714 LOTHIAN DR TALLAHASSEE FL 32312	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>D</b> MCCORD, GUYTE P III 503 VINNEDGE RIDE TALLAHASSEE FL 32303	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>TD</b> LINDSEY, KATHY 6712 VISALIA PL TALLAHASSEE FL 32311	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>DT</b> MUNROE, PETER G 2727 APALACHEE PARKWAY TALLAHASSEE FL 32301	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE: <b>4-24-07</b>	
				Doc: <b>850-878-6189</b> <small>Daytime Phone #</small>	