


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90051 002 ****61.25

DOCUMENT # 741417			
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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



03102008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-1888022		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MUNROE, PETER G 2727 APALACHEE PKWY TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent Name <u>DEAN HUMPHREY</u> Street Address (P.O. Box Number is Not Acceptable) <u>5580 SALEM RD.</u> City <u>QUINCY</u> <u>FL</u> Zip Code <u>32351</u>	
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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 *Dean Humphrey* DEAN HUMPHREY, OFFICE MANAGER
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 May 1, 2008	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLETCHER, JOANN 1631 GOODWOOD DR TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Fletcher, Joann same address <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PHIPPS, LAURA 4975 CLIPPY'S DR TALLAHASSEE, FL 32303 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pattillo, Janice 209 Greenway Lane Havana, FL 32333 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Director
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILL, LOUIS JR. 5926 MILLER LANDING RD TALLAHASSEE, FL 32312 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Barnett, Barbara 1614 Paula Dr. Tallahassee, FL 32303 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Director
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BREDNAN, JOHN 714 LOTHIAN DR TALLAHASSEE, FL 32312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Brennan, John (last name is spelled wrong) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GOMEZ, ELEMITA 714 LOTHIAN DR TALLAHASSEE, FL 32312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Gomez, Elenita (First name is spelled wrong) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MUNROE, PETER G 2727 APALACHEE PARKWAY TALLAHASSEE, FL 32301 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Kiser, James 4975 Clippy's Dr. Tallahassee FL 32303 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Laura Phipps* Laura Phipps 3/19/08 888-562-2068
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR? Date Daytime Phone #