

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741417

FILED  
Jun 24, 2009  
Secretary of State

Entity Name: ST. FRANCIS OF ASSISI WILDLIFE ASSOCIATION, INCORPORATED

**Current Principal Place of Business:**

0  
QUINCY, FL 32351 US

**New Principal Place of Business:**

5580 SALEM RD  
QUINCY, FL 32352 US

**Current Mailing Address:**

P O BOX 38160  
TALLAHASSEE, FL 32315 US

**New Mailing Address:**

FEI Number: 59-1888022      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

MUNROE, PETER G  
2727 APALACHEE PKWY  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: T ( ) Delete  
Name: FLETCHER, JOANN  
Address: 1631 GOODWOOD DR  
City-St-Zip: TALLAHASSEE, FL 32308

Title: PD ( ) Delete  
Name: PHIPPS, LAURA  
Address: 4975 CLIPPY'S DR  
City-St-Zip: TALLAHASSEE, FL 32303

Title: D ( ) Delete  
Name: BARNETT, BARBARA  
Address: 1614 PAULA DR  
City-St-Zip: TALLAHASSEE, FL 32303

Title: V ( ) Delete  
Name: BRENNAN, JOHN  
Address: 714 LOTHIAN DR  
City-St-Zip: TALLAHASSEE, FL 32312

Title: DS ( ) Delete  
Name: GOMEZ, ELENITA  
Address: 714 LOTHIAN DR  
City-St-Zip: TALLAHASSEE, FL 32312

Title: DT ( ) Delete  
Name: KISER, JAMES  
Address: 4975 CLIPPY'S DR  
City-St-Zip: TALLAHASSEE, FL 32303

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEAN HUMPHREY

Electronic Signature of Signing Officer or Director

MGR

06/24/2009

\_\_\_\_\_ Date