


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90233 047 ****61.25

DOCUMENT # N05000004580

1. Entity Name
SAFARI CLUB INTERNATIONAL TALLAHASSEE CHAPTER CORP.



Principal Place of Business
**710 LIVE OAK PLANTATION RD
 TALLAHASSEE, FL 32312 US**

Mailing Address
**710 LIVE OAK PLANTATION RD
 TALLAHASSEE, FL 32312 US**



2. Principal Place of Business - No P.O. Box #
402 LOCKSLEY LANE

3. Mailing Address
402 LOCKSLEY LANE

Suite, Apt. #, etc.

04242007 Chg-NP CR2E037 (12/06)

City & State
TALLAHASSEE, FLA

City & State
TALLAHASSEE, FLA

Zip
32312

Country
USA

4. FEI Number
20-2793543

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**NILSEN, RICHARD B
 710 LIVE OAK PLANTATION RD
 TALLAHASSEE, FL 32312**

7. Name and Address of New Registered Agent

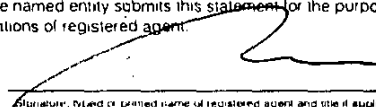
Name
GREENWELL, STEVEN M.

Street Address (P.O. Box Number is Not Acceptable)
402 LOCKSLEY LANE

City
TALLAHASSEE

FL Zip Code
32312

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  **STEVEN M. GREENWELL** 24 APR 07

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, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

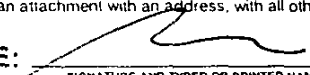
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P NILSEN, RICHARD B 710 LIVE OAK PLANTATION RD TALLAHASSEE, FL 32312	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP GREENWELL, STEVEN M 710 LIVE OAK PLANTATION RD TALLAHASSEE, FL 32312	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S NILSEN, CANDICE A 710 LIVE OAK PLANTATION RD TALLAHASSEE, FL 32312	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T SUBER, GREG 710 LIVE OAK PLANTATION RD TALLAHASSEE, FL 32312	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D GREENWELL, STEVEN M. 402 LOCKSLEY LANE TALLAHASSEE, FLA 32312	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP/D NILSEN, CANDICE A. 710 LIVE OAK PLANTATION ROAD TALLAHASSEE FLA 32312	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/D QUINN, LARRY 3964-4 CENTURY PARK CIRCLE SOUTH TALLAHASSEE, FLA 32304	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - 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 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:  **STEVEN M. GREENWELL** 24 APR 07 576-2477

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #