

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90023 047 ****61.25



DOCUMENT # N05000004580
1. Entity Name
SAFARI CLUB INTERNATIONAL TALLAHASSEE CHAPTER CORP.

Principal Place of Business Mailing Address
402 LOCKSLEY LN 402 LOCKSLEY LN
TALLAHASSEE FL 32312 TALLAHASSEE FL 32312
US US



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State

1st MOORE CR2E037 (10/07)

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
GREENWELL, STEVEN M
402 LOCKSLEY LM
TALLAHASSEE FL 32312

7. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent Signature is required when re-registering) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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: VPD NAME: NILSEN, RICHARD B STREET ADDRESS: 710 LIVE OAK PLANTATION RD CITY-ST-ZIP: TALLAHASSEE FL 32312	<input checked="" type="checkbox"/> Delete
TITLE: PD NAME: GREENWELL, STEVEN M STREET ADDRESS: 402 LOCKSLEY LN CITY-ST-ZIP: TALLAHASSEE FL 32312	<input type="checkbox"/> Delete
TITLE: SD NAME: QUINN, LARRY STREET ADDRESS: 3964 4 CENTURY PARK CIR S CITY-ST-ZIP: TALLAHASSEE FL 32304	<input type="checkbox"/> Delete
TITLE: T NAME: SUBER, GREG STREET ADDRESS: 710 LIVE OAK PLANTATION RD CITY-ST-ZIP: 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: VD NAME: NILSEN, CANDICE A STREET ADDRESS: 710 LIVE OAK PLANTATION ROAD CITY-ST-ZIP: TALLAHASSEE, FLA 32312	<input type="checkbox"/> Change <input checked="" 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: TD NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<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

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: STEVEN M. GREENWELL 3/17/08 850 576-2477