

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N97000001839

1. Entity Name

FRANKLIN COUNTY DOG HUNTER'S ASSOCIATION, INC.



Principal Place of Business

4901 JEFF SANDERS ROAD
CARRABELLE, FL 32322

Mailing Address

P O BOX 641
CARRABELLE, FL 32322

FILED

Aug 29, 2008 08:00 AM
Secretary of State



08122008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3462419

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SANDERS, CHERYL K
4901 JEFF SANDERS ROAD
CARRABELLE, FL 32322

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$81.25
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000958645
08/29/08-80006-007 61.25

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BRANNEN, CHARLES
STREET ADDRESS	195 BEAR CREEK ROAD
CITY-ST-ZIP	EASTPOINT, FL 32328
TITLE	VPD
NAME	JONES, LEE
STREET ADDRESS	1ST ST. NW
CITY-ST-ZIP	CARRABELLE, FL 32322
TITLE	ST
NAME	SANDERS, CHERYL
STREET ADDRESS	4901 JEFF SANDERS RD
CITY-ST-ZIP	CARRABELLE, FL 32322
TITLE	D
NAME	LANGSTON, JESSIE
STREET ADDRESS	165 SANBORN ROAD
CITY-ST-ZIP	CARRABELLE, FL 32322
TITLE	D
NAME	NEWELL, KEVIN
STREET ADDRESS	31 REX BUZZETT ST
CITY-ST-ZIP	APALACHICOLA, FL 32320
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/10/08 830697-2534