

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90041 039 ****61.25

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1. Entity Name

FLORIDA WILD MAMMAL ASSOCIATION, INC.



Principal Place of Business

198 EDGAR POOLE RD.
CRAWFORDVILLE FL 32327

Mailing Address

198 EDGAR POOLE RD.
CRAWFORDVILLE FL 32327

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0508616

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BEATTY, CHRISTINE M MRS.
198 EDGAR POOLE RD
CRAWFORDVILLE FL 32327

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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 PD ☐ Delete
NAME BEATTY, MICHAEL J MR.
STREET ADDRESS 198 EDGAR POOLE RD
CITY-ST-ZIP CRAWFORDVILLE FL 32327

TITLE VPD ☐ Delete
NAME ANDERSON, DEBORAH MS.
STREET ADDRESS 9720 146 AVE
CITY-ST-ZIP FELLSMORE FL 32948

TITLE MD ☒ Delete
NAME BEATTY, CHRISTINE M MRS.
STREET ADDRESS 198 EDGAR POOLE RD
CITY-ST-ZIP CRAWFORDVILLE FL 32327

TITLE STD ☐ Delete
NAME DENMARK, ELIZABETH MRS.
STREET ADDRESS 32 JASON ST.
CITY-ST-ZIP CRAWFORDVILLE FL 32327

TITLE D ☐ Delete
NAME MUSGROVE, KARRIE
STREET ADDRESS 335 HICKORYWOOD DR.
CITY-ST-ZIP CRAWFORDVILLE FL 32327

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Michael J Beatty* MICHAEL J BEATTY

JAN 31, 05 850-926-8308

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #