2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# N94000003779

Entity Name: FLORIDA WILD MAMMAL ASSOCIATION, INC.

Current Principal Place of Business:

198 EDGAR POOLE RD.
CRAWFORDVILLE, FL 32327

New Principal Place of Business:

Current Mailing Address:

198 EDGAR POOLE RD.
CRAWFORDVILLE, FL 32327

New Mailing Address:

FEI Number: 65-0508616 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BEATTY, CHRISTINE M MRS.
198 EDGAR POOLE RD
CRAWFORDVILLE, FL 32327 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:	PD	( ) Delete
Name:	BEATTY, MICHAEL J MR.	
Address:	198 EDGAR POOLE RD	
City-St-Zip:	CRAWFORDVILLE, FL 32327 US	
Title:	VPD	( ) Delete
Name:	ANDERSON, DEBORAH MS.	
Address:	9720 146 AVE	
City-St-Zip:	FELLSMORE, FL 32948 US	
Title:	STD	( ) Delete
Name:	DENMARK, ELIZABETH MRS.	
Address:	32 JASON ST.	
City-St-Zip:	CRAWFORDVILLE, FL 32327 US	
Title:	D	(X) Delete
Name:	MUSGROVE, KARRIE	
Address:	335 HICKORYWOOD DR.	
City-St-Zip:	CRAWFORDVILLE, FL 32327	
Title:	D	( ) Delete
Name:	CREESE, JUDITH L	
Address:	35 BUNTING DR	
City-St-Zip:	CRAWFORDVILLE, FL 32327	

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:	

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: MICHAEL BEATTY PD 04/30/2007

Electronic Signature of Signing Officer or Director — Date