

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003779

FILED
Apr 23, 2009
Secretary of State

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: HEPPLER, GILLIAN C MS
Address: 1546 RANKIN AVE
City-St-Zip: TALLAHASSEE, FL 32310 US

Title: STD () Delete
Name: DENMARK, ELIZABETH MRS.
Address: 32 JASON ST.
City-St-Zip: CRAWFORDVILLE, FL 32327 US

Title: D () Delete
Name: CREESE, JUDITH L
Address: 35 BUNTING DR
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: () Delete
Name:
Address:
City-St-Zip:

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: D (X) Change () Addition
Name: SHUGAR, BARBARA MRS
Address: PO BOX 637
City-St-Zip: ST MARKS, FL 32355

Title: D () Change (X) Addition
Name: GRIGGS, NORM DR
Address: 4815 COASTAL HIGHWAY
City-St-Zip: CRAWFORDVILLE, FL 32327

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: CHRISTINE BEATTY

MRS

04/23/2009

Electronic Signature of Signing Officer or Director

Date