

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741417

FILED
Jan 24, 2023
Secretary of State
8610833787CC

Entity Name: ST. FRANCIS OF ASSISI WILDLIFE ASSOCIATION, INCORPORATED

Current Principal Place of Business:

5580 SALEM RD
QUINCY, FL 32352

Current Mailing Address:

P O BOX 38160
TALLAHASSEE, FL 32315 US

FEI Number: 59-1888022

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BRANN, EMILY
5580 SALEM RD
QUINCY, FL 32352 US

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: EMILY BRANN

01/24/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title OFFICER
Name GOMEZ, ELENITA ESQ.
Address 200 E GAINES ST
City-State-Zip: TALLAHASSEE FL 32399

Title PRESIDENT, VP
Name SIMMONS, PAT
Address 4611 INISHEER DR.
City-State-Zip: TALLAHASSEE FL 32309

Title PRESIDENT
Name EMILY, BRANN
Address 2825 MUNICIPAL WAY
City-State-Zip: TALLAHASSEE FL 32304

Title SECRETARY
Name CRAFT, KELLY
Address 915 GARDENIA DR.
City-State-Zip: TALLAHASSEE FL 32312

Title OFFICER
Name POTTER, MITCH DVM
Address 7983 LOCHKNOLL LN.
City-State-Zip: TALLAHASSEE FL 32312

Title TREASURER
Name WALDICK, IAN ESQ.
Address 1828 LARETTE DR.
City-State-Zip: TALLAHASSEE FL 32301

Title OFFICER
Name BALL THOMAS, PATTY
Address 5283 QUAIL VALLEY ROAD
City-State-Zip: TALLAHASSEE FL 32309

Title OFFICER
Name MORSE, STEPHANIE
Address P.O. BOX 6242
City-State-Zip: TALLAHASSEE FL 32314

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I hereby 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 all other like empowered.

SIGNATURE: EMILY BRANN

PRESIDENT

01/24/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title OFFICER
Name KEATING, HOPE
Address 1137 AZALEA DRIVE
City-State-Zip: TALLAHASSEE FL 32301

Title OFFICER
Name VALLRATH-BUENO, LORENA
Address 7645 BRANGUS DR
City-State-Zip: TALLAHASSEE FL 32311

Title OFFICER
Name HANSELL, DONNA
Address P O BOX 38160
City-State-Zip: TALLAHASSEE FL 32315

Title OFFICER
Name NARGIZ, DOUG
Address P O BOX 38160
City-State-Zip: TALLAHASSEE FL 32315

Title OFFICER
Name BARNETT, BARBARA
Address 1614 PAULA DRIVE
City-State-Zip: TALLAHASSEE FL 32303

Title OFFICER
Name SHIPLEY, RHONDA
Address P O BOX 38160
City-State-Zip: TALLAHASSEE FL 32315

Title OFFICER
Name QUADAGNO, DAVID
Address P O BOX 38160
City-State-Zip: TALLAHASSEE FL 32315