

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 741417

**FILED**  
**Jan 05, 2015**  
**Secretary of State**  
**CC5305950160**

**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:** Yes

**Name and Address of Current Registered Agent:**

MUNROE, PETER G  
2075 CENTRE POINTE BLVD  
STE 200  
TALLAHASSEE, FL 32308 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            PHIPPS, LAURA  
Address        4975 CLIPPY'S DR  
City-State-Zip: TALLAHASSEE FL 32303

Title            OFFICER  
Name            BRENNAN, JOHN  
Address        714 LOTHIAN DR  
City-State-Zip: TALLAHASSEE FL 32312

Title            SECRETARY  
Name            GOMEZ, ELENITA  
Address        714 LOTHIAN DR  
City-State-Zip: TALLAHASSEE FL 32312

Title            TREASURER  
Name            SIMMONS, PAT  
Address        3128 O'BRIEN DR.  
City-State-Zip: TALLAHASSEE FL 32309

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

Title            OFFICER  
Name            GILLAN, JUDY  
Address        445 HICKORY LANE  
City-State-Zip: HAVANA FL 32333

*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:** LAURA PHIPPS

**PRESIDENT**

**01/05/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date