

2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 741417

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

04/15/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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 TREASURER
Name WALDICK, IAN ESQ.
Address 2347 GARLAND CT.
City-State-Zip: TALLAHASSEE FL 32303

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

Title OFFICER
Name BARNETT, BARBARA
Address 1899 RESERVE BLVD
APT 77
City-State-Zip: GULF BREEZE FL 32563

Title OFFICER
Name QUADAGNO, DAVID
Address 250 ROSE HILL DR. NORTH
City-State-Zip: TALLAHASSEE FL 32312

Title OFFICER
Name NARGIZ, DOUG
Address 294 ROSE HILL DR. EAST
City-State-Zip: TALLAHASSEE FL 32312

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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

04/15/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VP
Name DE SOTO CICCHETTI, TAMMY ESQ.
Address 1400 VILLAGE SQUARE BLVD
SUITE 3-225
City-State-Zip: TALLAHASSEE FL 32312

Title OFFICER
Name HARRELL, MIKE
Address 319 ROSEHILL DRIVE
City-State-Zip: TALLAHASSEE FL 32312

Title OFFICER
Name CHUNKA, KATE
Address 515 NORTH RIDE
City-State-Zip: TALLAHASSEE FL 32303

Title OFFICER
Name VANDERMEER, ANN
Address 3006 AVON CIRCLE
City-State-Zip: TALLAHASSEE FL 32312