

2014 FLORIDA NOT FOR PROFIT CORPORATION 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:** 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 OFFICER
Name GROSMIRE, ANDY
Address 4487 ARGYLE LANE
City-State-Zip: TALLAHASSEE FL 32309

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

Title OFFICER
Name BACON, LAUREN
Address 2621 HARWICH CIRCLE
City-State-Zip: TALLAHASSEE FL 32309

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

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

Title OFFICER
Name KISER, JAMES
Address 4975 CLIPPY'S DR
City-State-Zip: TALLAHASSEE FL 32303

Title OFFICER
Name TERHUNE, HEATHER
Address 13093 HENRY BEADEL DR.
City-State-Zip: TALLAHASSEE FL 32312

Title VP
Name MORTON, GREGG
Address 1322 CIRCLE DR
City-State-Zip: TALLAHASSEE FL 32301

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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: LAURA PHIPPS**PRESIDENT****01/03/2014**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title TREASURER
Name SIMMONS, PAT
Address 2870 SETTLERS SPRING BLVD. NORTH
City-State-Zip: TALLAHASSEE FL 32303

Title OFFICER
Name DEMEO, RALPH
Address SURREY FARMS LANE
City-State-Zip: TALLAHASSEE FL 32309

Title OFFICER
Name GROSMAIRE, KATE
Address 4487 ARGYLE LANE
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

Title OFFICER
Name TAYLOR, KOREN
Address 1726 SUNSET LANE
City-State-Zip: TALLAHASSEE FL 32303