

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741417

FILED
Feb 28, 2017
Secretary of State
CC2807359498

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:

SIMMONS, PAT
3128 O'BRIEN DR.
TALLAHASSEE, FL 32309 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: PAT SIMMONS

02/28/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

Title OFFICER
Name GOSSMAN, KATHARINE
Address 3128 O'BRIEN DR.
City-State-Zip: TALLAHASSEE FL 32309

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

Title OFFICER
Name BADGER, LYNN
Address 399 RIVERVIEW RD.
City-State-Zip: HAVANA FL 32333

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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: PAT SIMMONS

PRESIDENT, TREASURER 02/28/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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