

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741417

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

FILED
Apr 03, 2024
Secretary of State
3274197208CC

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

04/03/2024

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
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 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

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

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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

REGISTERED AGENT

04/03/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

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

Title OFFICER
Name POTTER, MITCH DVM
Address 2324 CENTERVILLE RD
City-State-Zip: TALLAHASSEE FL 32308

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

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 P O BOX 38160
City-State-Zip: TALLAHASSEE FL 32315

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