

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 02, 2013
Secretary of State
CC3107761636

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 DIRECTOR
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 D
Name COLVIN, TERESA
Address 3013 GREY ABBEY COURT
City-State-Zip: TALLAHASSEE FL 32309

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

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

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

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

01/02/2013

Electronic Signature of Signing Officer/Director Detail

Date