

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 741417

**FILED  
Mar 22, 2022  
Secretary of State  
3060432204CC**

**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**

**03/22/2022**

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

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 OFFICER  
Name POTTER, MITCH DVM  
Address 7983 LOCHKNOFF LN.  
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

**Continues on page 2**

*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**

**03/22/2022**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

Title OFFICER  
Name BARNETT, BARBARA  
Address 1614 PAULA DRIVE  
City-State-Zip: TALLAHASSEE FL 32303

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