

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003779

Entity Name: FLORIDA WILD MAMMAL ASSOCIATION, INC.**Current Principal Place of Business:**198 EDGAR POOLE RD.
CRAWFORDVILLE, FL 32327**Current Mailing Address:**198 EDGAR POOLE RD.
CRAWFORDVILLE, FL 32327**FEI Number:** 65-0508616**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BEATTY, CHRISTINE MMRS.
198 EDGAR POOLE RD
CRAWFORDVILLE, FL 32327 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	PD
Name	TRUE, JEFF MR.
Address	168 BAY PINE DRIVE
City-State-Zip:	CRAWFORDVILLE FL 32327

Title	SD
Name	DENMARK, ELIZABETH MRS.
Address	32 JASON ST.
City-State-Zip:	CRAWFORDVILLE FL 32327

Title	VP
Name	WOOD, NANCY A
Address	46 SOUTHSIDE DR
City-State-Zip:	CRAWFORDVILLE FL 32327

Title	OFFICER
Name	BEATTY, MICHAEL JMR
Address	198 EDGAR POOLE RD
City-State-Zip:	CRAWFORDVILLE FL 32327

Title	TD
Name	HEPPLE, GILLIAN CMS
Address	5712 SPLIT OAK LANE
City-State-Zip:	TALLAHASSEE FL 32303

Title	VP
Name	WOOD, NANCY A
Address	46 SOUTHSIDE DR
City-State-Zip:	CRAWFORDVILLE FL 32327

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: GILLIAN HEPPLE

TD

04/16/2015

Electronic Signature of Signing Officer/Director Detail_____
Date