

**2019 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:** Yes**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 VP  
Name MILLER, KINSEY  
Address P.O. BOX 1044  
City-State-Zip: PANACEA FL 32346

Title DIRECTOR  
Name BAKER, LESLEY  
Address 6791 OLD BARN ROAD  
City-State-Zip: TALLAHASSEE FL 32310

Title SECRETARY  
Name SMITH, ROCHELLE  
Address 6561 GODWIN BLVD  
City-State-Zip: SUFFOLK VA 23432

Title DIRECTOR  
Name RUBY, ROBIN  
Address 1714 CRAWFORDVILLE HIGHWAY  
City-State-Zip: CRAWFORDVILLE FL 32327

Title DIRECTOR  
Name DAVIS, SCOTT A  
Address 122 BURNT PINE LOOP  
City-State-Zip: ST MARKS FL 32355

Title TREASURER  
Name BEATTY, CHRISTINE M  
Address 198 EDGAR POOLE RD.  
City-State-Zip: CRAWFORDVILLE FL 32327

Title PRESIDENT  
Name BROWN, KATHIEANN  
Address PO BOX 9  
City-State-Zip: PANACEA FL 32346

Title DIRECTOR  
Name PRUITT, GLENDA  
Address PO BOX 278  
City-State-Zip: ST MARKS FL 32355

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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: CHRISTINE BEATTY****TREASURER****02/10/2019**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                 DIRECTOR  
Name                MILLER, KINSEY  
Address             POB 873  
City-State-Zip:    PANACEA FL 32346

Title                 DIRECTOR  
Name                HARPER, STEVIE  
Address             36 COVINGTON CIRCLE  
City-State-Zip:    CRAWFORDVILLE FL 32327

Title                 DIRECTOR  
Name                TILLMAN, JANE  
Address             551 MASHES SANDS RD  
City-State-Zip:    PANACEA- FL 32346-2744

Title                 DIRECTOR  
Name                PYBUS, FRAN  
Address             POB 873  
City-State-Zip:    PANACEA FL 32346