

2014 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 VPD
Name BEATTY, MICHAEL JMR
Address 198 EDGAR POOLE RD
City-State-Zip: CRAWFORDVILLE FL 32327

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

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: MICHAEL BEATTY

VICE PRESIDENT

03/27/2014

Electronic Signature of Signing Officer/Director Detail

Date