2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9400003779

Entity Name: FLORIDA WILD MAMMAL ASSOCIATION, INC.

FILED Feb 02, 2018 Secretary of State CC7470733838

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 DIRECTOR Title VP

Name MILLER, KINSEY Name DAVIS, SCOTT A

Address P.O. BOX 1044 Address 122 BURNT PINE LOOP
City-State-Zip: PANACEA FL 32346 City-State-Zip: ST MARKS FL 32355

Title TREASURER Title PRESIDENT

NameBAKER, LESLEYNameBEATTY, CHRISTINE MAddress6791 OLD BARN ROADAddress198 EDGAR POOLE RD.City-State-Zip:TALLAHASSEE FL 32310City-State-Zip:CRAWFORDVILLE FL 32327

Title SECRETARY Title DIRECTOR

Name SMITH, ROCHELLE Name BROWN, KATHIEANN

Address 6561 GODWIN BLVD Address PO BOX 9

City-State-Zip: SUFFOLK VA 23432 City-State-Zip: PANACEA FL 32346

Title DIRECTOR Title DIRECTOR

Name RUBY, ROBIN Name PRUITT, GLENDA

Address 1714 CRAWFORDVILLE HIGHWAY Address PO BOX 278

City-State-Zip: CRAWFORDVILLE FL 32327 City-State-Zip: ST MARKS FL 32355

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 PRESIDENT 02/02/2018