


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90030 010 ****61.25

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DOCUMENT # 709014			
1. Entity Name FLORIDA FORESTRY ASSOCIATION, INC.			
Principal Place of Business 402 EAST JEFFERSON ST. TALLAHASSEE, FL 32301 US		Mailing Address POST OFFICE BOX 1696 TALLAHASSEE, FL 32302 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01162007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-0975338

Applied For
Not Applied

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DORAN, JEFF 402 E. JEFFERSON ST. TALLAHASSEE, FL TALLAHASSEE, FL 32301		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input checked="" type="checkbox"/> Delete	TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME	SMITH, KELLEY JR	NAME	VOGEL, JACK
STREET ADDRESS	P.O. BOX 75	STREET ADDRESS	P.O. BOX 564
CITY-ST-ZIP	BOSTWICK, FL 32007	CITY-ST-ZIP	SAN ANTONIO, FL 33576
TITLE	VPD <input checked="" type="checkbox"/> Delete	TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME	COOK, ROBERT P	NAME	GAFF, MIKE
STREET ADDRESS	P.O. BOX 2249	STREET ADDRESS	P.O. BOX 598
CITY-ST-ZIP	LAKE CITY, FL 32056	CITY-ST-ZIP	CROSS CITY, FL 32628
TITLE	EVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	DORAN, JEFF	NAME	
STREET ADDRESS	402 E JEFFERSON ST	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32301	CITY-ST-ZIP	
TITLE	STD <input checked="" type="checkbox"/> Delete	TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME	THOMPSON, CHARLES J	NAME	SMITH, KELLEY JR
STREET ADDRESS	4321 NW 19TH AVE	STREET ADDRESS	P.O. BOX 75
CITY-ST-ZIP	GAINESVILLE, FL 32605	CITY-ST-ZIP	BOSTWICK, FL 32007
TITLE	VPD <input checked="" type="checkbox"/> Delete	TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME	SMITH, KELLEY JR	NAME	COTTINGHAM, JIM
STREET ADDRESS	P.O. BOX 75	STREET ADDRESS	P.O. BOX 59565
CITY-ST-ZIP	BOSTWICK, FL 32007	CITY-ST-ZIP	PANAMA CITY, FL 32412-0565
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11, changed, or on an attachment with an address with all other like empowered.

SIGNATURE

[Handwritten Signature] 3.13.07