


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 30, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 709194**

1. Entity Name  
**THE FLORIDA STATE FOXHUNTERS ASSOCIATION, INC.**



Principal Place of Business <b>20750 E LEVY ST</b> <b>WILLISTON, FL 32696 US</b>	Mailing Address <b>20750 E LEVY ST</b> <b>WILLISTON, FL 32696 US</b>
----------------------------------------------------------------------------------------	----------------------------------------------------------------------------

**DO NOT WRITE IN THIS SPACE**



01122004 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-2366073</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**CASON, JIM**  
**20750 E LEVY ST**  
**WILLISTON, FL 32696**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MALPHURS, PAT 17216 NW 262ND AVE ALACHUA, FL 32615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CASON, JIM 20750 E. LEVY ST. WILLISTON, FL 32696
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LIPE, JOHN 9080 SW LIPE ST ARCADIA, FL 34269
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MOODY, WESLEY 19684 NW 122ND AVE LAKE BUTLER, FL 32054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAILLIE, J.W. PO BOX 1304 NEW PORT RICHEY, FL 34656
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000023327  
 02/02/04-80022-010 61.25

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR