2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # 737370

1. Entity Name
FLORIDA GAMEFOWL BREEDERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
213 CLIFTON RD CRESCENT CITY, FL 32112 US	213 CLIFTON RD CRESCENT CITY, FL 32112 US

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04042006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-3084462
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GOMEZ-RIERA, ORLANDO
213 CLIFTON RD
CRESCENT CITY, FL 32112

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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 reinstating)

Filing Fee is $61.25
Due by May 1, 2006

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

UD00000485930
04/21/06-80031-007 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GOMEZ-RIERA, ORLANDO
STREET ADDRESS	213 CLIFTON RD
CITY-ST-ZIP	CRESCENT CITY, FL 32112
TITLE	VD
NAME	CRAWFORD, NEAL
STREET ADDRESS	2025 SLOCOMB RD.
CITY-ST-ZIP	HAINES CITY, FL 33844
TITLE	STD
NAME	GOMEZ-RIERA, JANET
STREET ADDRESS	213 CLIFTON RD
CITY-ST-ZIP	CRESCENT CITY, FL 32112
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Janet Rivera-Gomez 4/4/06 386-698-0914
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #