

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741417

FILED
Jun 24, 2009
Secretary of State

Entity Name: ST. FRANCIS OF ASSISI WILDLIFE ASSOCIATION, INCORPORATED

Current Principal Place of Business:

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QUINCY, FL 32351 US

New Principal Place of Business:

5580 SALEM RD
QUINCY, FL 32352 US

Current Mailing Address:

P O BOX 38160
TALLAHASSEE, FL 32315 US

New Mailing Address:

FEI Number: 59-1888022 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MUNROE, PETER G
2727 APALACHEE PKWY
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: FLETCHER, JOANN
Address: 1631 GOODWOOD DR
City-St-Zip: TALLAHASSEE, FL 32308

Title: PD () Delete
Name: PHIPPS, LAURA
Address: 4975 CLIPPY'S DR
City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Delete
Name: BARNETT, BARBARA
Address: 1614 PAULA DR
City-St-Zip: TALLAHASSEE, FL 32303

Title: V () Delete
Name: BRENNAN, JOHN
Address: 714 LOTHIAN DR
City-St-Zip: TALLAHASSEE, FL 32312

Title: DS () Delete
Name: GOMEZ, ELENITA
Address: 714 LOTHIAN DR
City-St-Zip: TALLAHASSEE, FL 32312

Title: DT () Delete
Name: KISER, JAMES
Address: 4975 CLIPPY'S DR
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DEAN HUMPHREY

Electronic Signature of Signing Officer or Director

MGR

06/24/2009

_____ Date