


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # 764470	
1. Entity Name FLORIDA CHAPTER OF THE WILDLIFE SOCIETY, INC.	

Principal Place of Business SEMINOLE RANGER DISTRICT 40929 SR 19 UMATILLA, FL 32784 US	Mailing Address SEMINOLE RANGER DISTRICT 40929 SR 19 UMATILLA, FL 32784 US
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DO NOT WRITE IN THIS SPACE



02042004 No Chg-NP CR2E037 (10/03)

4. FEI Number 23-7035894	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SEKERAK, CARRIE SEMINOLE RANGER DISTRICT 40929 SR 19 UMATILLA, FL 32784	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000094098 03/22/04-80046-004 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SEKERAK, CARRIE 40929 SR 19 UMATILLA, FL 32784
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD EXUM, JAY 33 EAST ONE STREET ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BRUNELL, ARNOLD 601 WOODWARD AVE EUSTIS, FL 32726
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GAWLIK, DALE 3301 GUN CLUB RD WEST PALM BEACH, FL 33406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORGAN, JOHN 8932 APALACHEE PKWY TALLAHASSEE, FL 32311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STIEGLER, STEVE 620 S MERIDIAN TALLAHASSEE, FL 32399

**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)(i), 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: <u>Arnold Brunell</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>3/17/2004</u> <small>Date</small>	<u>352-742-6383</u> <small>Daytime Phone #</small>
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