

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 14, 2006 8:00 am
Secretary of State

09-14-2006 90003 004 ****61.25

DOCUMENT # 764470

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



Principal Place of Business
T.M. GOODWIN WMA
3200 T.M. GOODWIN ROAD
FELLSMERE, FL 32948 US

Mailing Address
T.M. GOODWIN WMA
3200 T.M. GOODWIN ROAD
FELLSMERE, FL 32948 US

60039002



DO NOT WRITE IN THIS SPACE

07212006 No Chg-NP

CR2E037 (4/06)

4. FEI Number
23-7035894

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

ROCKWOOD, STEPHEN
3200 T.M. GOODWIN ROAD
FELLSMERE, FL 32948

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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
Signature, typed or printed name of registered agent and title if applicable.

Stephen Stiegler, Treasurer

9/11/06
DATE

(NOTE: Registered Agent Signature required when reinstating)

Filing Fee is \$61.25
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ROCKWOOD, STEPHEN
STREET ADDRESS	3200 TM GOODWIN ROAD
CITY-ST-ZIP	FELLSMERE, FL 32948
TITLE	VD
NAME	BRUNELL, ARNOLD
STREET ADDRESS	601 W WOODWARD AVENUE
CITY-ST-ZIP	EUSTIS, FL 32726
TITLE	TD
NAME	STIEGLER, STEPHEN
STREET ADDRESS	2005 E INDIAN HEAD DRIVE
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	SD
NAME	BOOTH, KRISTEE
STREET ADDRESS	719 S WOODLAND BLVD
CITY-ST-ZIP	DELAND, FL 32720
TITLE	D
NAME	TILLMAN, ERIC
STREET ADDRESS	2020 E UNIVERSITY AVENUE
CITY-ST-ZIP	GAINESVILLE, FL 32641
TITLE	D
NAME	BALOGH, GARY
STREET ADDRESS	719 S WOODLAND BLVD
CITY-ST-ZIP	DELAND, FL 32720

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IN THIS SPACE**

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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/11/06
Date

850 488-3831
Daytime Phone #