



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 30, 2007 8:00 am**  
**Secretary of State**

07-30-2007 90066 030 \*\*\*\*61.25

<b>DOCUMENT # 764470</b> 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		
2. Principal Place of Business - No P.O. Box # 120 N. Orange Ave.		3. Mailing Address 120 N. Orange Ave.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07192007 Chg-NP CR2E037 (12/06)	
City & State Orlando, FL		City & State Orlando, FL		4. FEI Number 23-7035894	
Zip 32801		Country Orange		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROCKWOOD, STEPHEN 3200 T.M. GOODWIN ROAD FELLSMERE, FL 32948		7. Name and Address of New Registered Agent Name Jay Exum Street Address (P.O. Box Number is Not Acceptable) Gladding Jackson 120 N. Orange Ave. City Orlando, FL Zip Code 32801			
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 <i>Jay Exum</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME ROCKWOOD, STEPHEN STREET ADDRESS 3200 TM GOODWIN ROAD CITY-ST-ZIP FELLSMERE, FL 32948	<input checked="" type="checkbox"/> Delete		TITLE PD NAME Jay Exum STREET ADDRESS 120 N. Orange Ave. CITY-ST-ZIP Orlando, FL 32801	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VD NAME BRUNELL, ARNOLD STREET ADDRESS 601 W WOODWARD AVENUE CITY-ST-ZIP EUSTIS, FL 32726	<input checked="" type="checkbox"/> Delete		TITLE VD NAME Dale Grawlik STREET ADDRESS 777 Glades Rd. CITY-ST-ZIP Boca Raton, FL 33431-0991	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE TD NAME STEIGLER, STEPHEN STREET ADDRESS 2005 E INDIAN HEAD DRIVE CITY-ST-ZIP TALLAHASSEE, FL 32301	<input checked="" type="checkbox"/> Delete		TITLE TD NAME Maria Zondervan STREET ADDRESS 975 Keller Rd. CITY-ST-ZIP Altamonte Springs, FL 32714	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE SD NAME BOOTH, KRISTEE STREET ADDRESS 719 S WOODLAND BLVD CITY-ST-ZIP DELAND, FL 32720	<input checked="" type="checkbox"/> Delete		TITLE SD NAME Erin Myers STREET ADDRESS 2614 NW 43rd St. CITY-ST-ZIP Gainesville, FL 32606	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME TILLMAN, ERIC STREET ADDRESS 2020 E UNIVERSITY AVENUE CITY-ST-ZIP GAINESVILLE, FL 32641	<input checked="" type="checkbox"/> Delete		TITLE D NAME Blair Hayman STREET ADDRESS 8122 Hwy 441 SE CITY-ST-ZIP Okeechobee, FL 34974	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME BALOGH, GARY STREET ADDRESS 719 S WOODLAND BLVD CITY-ST-ZIP DELAND, FL 32720	<input checked="" type="checkbox"/> Delete		TITLE D NAME Stephanie Nagid STREET ADDRESS McCarty C, Rm 420 CITY-ST-ZIP Gainesville, FL 32611	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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: <i>Maria Zondervan</i> Maria Zondervan 7-17-07 407-659-4872 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					