2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # 764470

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

Principal Place of Business	Mailing Address
120 N. ORANGE AVE ORLANDO, FL 32801 US	120 N. ORANGE AVE ORLANDO, FL 32801 US

02252008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

EXUM, JAY
GLATTING JACKSON
120 N. ORANGE AVE
ORLANDO, FL 32801

DO NOT WRITE 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: Jay H. Exum, President 2/27/08
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 May 1, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	EXUM, JAY
STREET ADDRESS	120 N. ORANGE AVE
CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	VD
NAME	GAWLIK, DALE
STREET ADDRESS	777 GLADES RD
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	TD
NAME	ZONDERVAN, MARIA
STREET ADDRESS	975 KELLER RD
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	SD
NAME	MYERS, ERIN
STREET ADDRESS	2614 NW 43RD ST
CITY-ST-ZIP	GAINESVILLE, FL 32606
TITLE	D
NAME	HAYMAN, BLAIR
STREET ADDRESS	8122 HWY 441 SE
CITY-ST-ZIP	OKEECHOBEE, FL 34974
TITLE	D
NAME	NAGID, STEPHANIE
STREET ADDRESS	MCCARTY C RM 420
CITY-ST-ZIP	GAINESVILLE, FL 32611

U00000846524
03/18/08-80032-015 61.25

DO NOT WRITE 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: Maria B. Zondervan Maria Zondervan 2-26-08 (407) 659-4872
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #