

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003694

FILED  
Aug 24, 2004  
Secretary of State

**Entity Name:** FLORIDA DELEGATION FOR GAMEBIRD BREEDERS, INC.

**Current Principal Place of Business:**

12180 HWY 98 N  
LAKELAND, FL 33809

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 90245  
LAKELAND, FL 338040245

**New Mailing Address:**

**FEI Number:** 59-3703252

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GOBLE, ARNOLD V  
12180 HWY 98 N  
LAKELAND, FL 33809

**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: P ( ) Delete  
Name: GOBLE, VERBON  
Address: 12180 HWY 98 N  
City-St-Zip: LAKELAND, FL 33809

Title: S ( ) Delete  
Name: GOBLE, BARB  
Address: 12180 HWY 98 N  
City-St-Zip: LAKELAND, FL 33809

Title: D ( ) Delete  
Name: LANIER, RICHARD  
Address: 4329 NW 47TH PL  
City-St-Zip: BELL, FL 32619

Title: D ( ) Delete  
Name: SULLIVAN, CONNIE M  
Address: 2829 DENNIS HOWELL RD  
City-St-Zip: PERRY, FL 32348

Title: D ( ) Delete  
Name: HILGERSON, TRACY  
Address: RT 1, BOX 159 F10  
City-St-Zip: LAKE CITY, FL 32055

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ARNOLD V GOBLE JR

P

08/24/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date