2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N01000003854

1. Entity Name

HUNTING FAMILY FOUNDATION, INC.



Principal Place of Business

Mailing Address

11512 SWIFT WATER CIRCLE ORLANDO, FL 32817

11512 SWIFT WATER CIRCLE ORLANDO, FL 32817

FILED Apr 25, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

04212007 No Chg-NP

CR2E037 (4/06)

4. FEI Number 59-3723807

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LOWMAN, WILLIAM R JR, ESQ 315 E ROBINSON STREET SUITE 600 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_	Signature, typed or printed name of registered agent and title	a if applicable. (NOTE, Rogistered A	gent signature	required when reinstating)	DATE
	Filing Fee is \$61.25 Due by May 1, 2007	Election Campaign Financi Trust Fund Contribution.	ng 🔲	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS				
TITLE Name Street address City-S1-Zip	D HUNTING, ROBERT J 11512 SWIFT WATER CIRCLE ORLANDO, FL 32817				•
TITLE Name Street address City-St-Zip	D HUNTING, LORAINE K 11512 SWIFT WATER CIRCLE ORLANDO, FL 32817				000000731224 05/08/07-80113-006 61.25
TITLE Name Street address City-St-Zip	D HUNTING, ROBERT A 704 HULL ISLAND DRIVE WINTER GARDEN, FL 34787		DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUNTING, DEBRA M 1631 PATTON AVENUE APOPKA, FL 32703			IN 7	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:

DONDELINGER, PAMELA J

803 BROOKSIDE ROAD

MAITLAND, FL 32751

FLORICA, CARRIE L

DELTONA, FL 32738

3680 VAN DALE STREET

TITLE NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Robert A Heweling

4/21/07 (407) 207-0706