

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004986

FILED
Feb 03, 2006
Secretary of State

Entity Name: FLORIDA SPORTSMEN CONSERVATION ASSOCIATION, INC.

Current Principal Place of Business:

17685 VALENCIA BLVD
LOXAHATCHEE, FL 33470

New Principal Place of Business:

Current Mailing Address:

17685 VALENCIA BLVD
LOXAHATCHEE, FL 33470

New Mailing Address:

FEI Number: 65-0515685

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POWELL, R. MURRAY
17685 VALENCIA BLVD
LOXAHATCHEE, FL 33470 US

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: PD () Delete
Name: WRIGHT JR., BISHOP
Address: 15439 94TH. STREET N.
City-St-Zip: WEST PALM BEACH, FL 33412

Title: VPD () Delete
Name: WHITE, DENNIS
Address: 1959 VIOLET AVENUE
City-St-Zip: WEST PALM BEACH, FL 33415

Title: SD () Delete
Name: SHARP, SHARI
Address: 4300 127TH TRAIL N.
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: TD () Delete
Name: POWELL, MURRAY
Address: 17685 VALENCIA BLVD
City-St-Zip: LOXAHATCHEE, FL 33470

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: MURRAY POWELL

TD

02/03/2006

Electronic Signature of Signing Officer or Director

Date