2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003312

FILED Apr 08, 2006 Secretary of State

Entity Name: FLORIDA WILDLIFF CONTROL ASSOCIATION INC

urrent F	Principal Place	of Business:	New Princip	al Place of Business:		
	/ER STAR RD. O, FL 32804		238 SUN VAI TAMPA, FL			
urrent Mailing Address:			New Mailing	New Mailing Address:		
	/ER STAR RD. O, FL 32804		238 SUN VAI TAMPA, FL			
El Numbe	r: 37-1512214	FEI Number Applied For ()	FEI Number Not Applica	ble () Certificate of Sta	tus Desired ()	
ame an	d Address of C	urrent Registered Agent:	Name and A	ddress of New Registered	Agent:	
538 SILV	V, EDWARD N ⁻ VER STAR RD O, FL 32804	TREAS US	CARROW, E 238 SUN VAI TAMPA, FL			
	e named entity s te of Florida.	submits this statement for the	purpose of changing its	registered office or registere	ed agent, or bo	
the Stat	te of Florida.	submits this statement for the	purpose of changing its	registered office or registere 04/08/200	,	
the Stat	te of Florida. ´	submits this statement for the ic Signature of Registered Ag			,	
the Stat	te of Florida. ´	ic Signature of Registered Ag	ent	04/08/200	06	
the Stat	te of Florida. IRE: Electron S AND DIREC	ic Signature of Registered Ag FORS: Delete NRISE BLVD.	ent	04/08/200 Date	06 AND DIRECT	
the State IGNATU FFICER ttle: ame: ddress:	te of Florida. RE:	ic Signature of Registered Ag FORS: Delete NRISE BLVD. L 33313 Delete E N CT.	ent ADDITIONS Title: Name: Address:	04/08/200 Date CHANGES TO OFFICERS	AND DIRECT	
the State GNATU FFICER le: une: dress: ty-St-Zip: le: une: dress:	te of Florida. IRE: Electron S AND DIREC PD () FELEGI, JOE 4450 WEST SU PLANTATION, F VD () SIMMONS, MIK 3381 CARDIGA ORLANDO, FL	ic Signature of Registered Ag FORS: Delete NRISE BLVD. L 33313 Delete E N CT. 32812 Delete ISTY	ent ADDITIONS Title: Name: Address: City-St-Zip: Title: Name: Address:	04/08/200 Date CHANGES TO OFFICERS () Change () Addition	AND DIRECT	

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: EDWARD CARROW TD 04/08/2006