

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90409 001 ****61.25

DOCUMENT # N05000010439

1. Entity Name
**NORTH FLORIDA CONSERVATION & AIRBOAT
ALLIANCE INC.**



Principal Place of Business
**11047 73RD CT
LIVE OAK, FL 32060-7109**

Mailing Address
**11047 73RD CT
LIVE OAK, FL 32060-7109**

40076200



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03032006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILLIAMS, PATRICIA
11047 73RD CT
LIVE OAK, FL 32060-7109**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
AUE, CHRIS
22163 82ND ST
LIVE OAK, FL 32060** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
WILLIAMS, WINSTON
11047 73RD CT
LIVE OAK, FL 320607109** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
WILLIAMS, PATRICIA
11047 73RD CT
LIVE OAK, FL 320607109** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
COPELAND, GUY
11172 142ND ST
MC ALPIN, FL 320622225** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SPELLS, WILLIAM JR.
P 6995 SW 68TH DR
JASPER, FL 320524727** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WAYNE MUSGROVE
11567 CR 132
LIVE OAK FL 32060** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PROCTOR, BRUCE
518 BARCLAY ST. SW
LIVE OAK, FL 32064** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
RANDY HOWARD
11906 120th PLACE
LIVE OAK FL 32060** ☒ Change ☐ Addition

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 *Patricia A. Williams*

* ADDITIONAL

D

KEITH WENTZ
324 SE LANCELOT WAY
LEE FL 32059

ATTACHMENT

40076200

N05000010439