2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # N19158

1. Entity Name
SOUTH FLORIDA CHAPTER OF SAFARI CLUB INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
800 SE THIRD AVE. 4TH FLOOR FORT LAUDERDALE, FL 33316 US	800 SE THIRD AVE. 4TH FLOOR FORT LAUDERDALE, FL 33316 US

04172006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
51-0157794
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BORESH, FREDRIC C
800 SE THIRD AVE
4TH FLOOR
FORT LAUDERDALE, FL 33316

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000522600
05/03/06-80037-004 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	POTTER, STEPHEN
STREET ADDRESS	2611 E. OAKLAND PARK BLVD.
CITY-ST-ZIP	FORT LAUDERDALE, FL 33306
TITLE	TD
NAME	VONADA, BARRY S.
STREET ADDRESS	8402 SW 26TH STREET
CITY-ST-ZIP	DAVIE, FL
TITLE	VD
NAME	BURR, TIMMIE E
STREET ADDRESS	P.O. BOX 4453
CITY-ST-ZIP	BOCA RATON, FL 33429
TITLE	SD
NAME	HUDSON, GLEN A
STREET ADDRESS	2512 DAVIE BLVD.
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Barry S. VONADA Treasurer 4/12/06 954-452-0331
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #