

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 22, 1999 8:00 am  
Secretary of State

02-22-1999 90029 032 \*\*\*\*61.25

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DOCUMENT # N23813

1. Corporation Name

TAMPA BAY WILDLIFE FEDERATION, INC.

Principal Place of Business

P O BOX 21412  
TAMPA FL 33622-8412

Mailing Address

P O BOX 21412  
TAMPA FL 33622-8412



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

12/10/1987

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-2885572

Applied For

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHNSON, TOM J. JR.  
3321 CYPRESS STREET  
TAMPA 33607-2005

81 Name Charles R. Walker, Jr.

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

6240 105th Terr. No.

83 ~~Pinellas Park~~

84 City Pinellas Park

FL

85 Zip Code

33782

11. Pursuant to the provisions of Sections 617.0503 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Treasurer Charles R. Walker, Jr. 1-5-99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME THORNHILL, LARRY E.  
STREET ADDRESS 1104 BRISTOLWOOD ST  
CITY-ST-ZIP BRANDON FL

☐ DELETE

TITLE D  
NAME MILLAR, JODY  
STREET ADDRESS 3823 SAN LUIS STREET  
CITY-ST-ZIP TAMPA FL

☐ DELETE

TITLE ST  
NAME FERLITA, JOHN  
STREET ADDRESS 4815 RIVERSHORE DRIVE  
CITY-ST-ZIP LUTZ FL

☐ DELETE

TITLE D  
NAME BLAKE, WILLIAM SR.  
STREET ADDRESS P.O. BOX 9066 N/A  
CITY-ST-ZIP TAMPA FL

☐ DELETE

TITLE TD  
NAME WALKER, CHARLES R.  
STREET ADDRESS 6240 105TH TERR NORTH  
CITY-ST-ZIP PINELLAS PARK FL

☐ DELETE

TITLE D  
NAME JOHNSON, TOM J., JR.  
STREET ADDRESS 3323 CYPRESS ST.  
CITY-ST-ZIP TAMPA FL

☒ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)