FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR -3 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N28411 (9)

1. Corporation Name

KISSIMMEE RIVER VALLEY SPORTMANS ASSOCIATION, IN C.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
P O BOX 878 HAINES CITY FL 33844	P O BOX 878 HAINES CITY FL 33844

3. Date Incorporated or Qualified: 09/19/1988
3a. Date of Last Report: 02/23/1994
4. FEI Number: 59-2962822 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

DOWD, BILLY R
5820 OLD LAKELAND RD
WINTER HAVEN FL 33880

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	DOWD, BILL R.	1.2 NAME		
STREET ADDRESS	5820 OLD LAKELAND RD	1.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL	1.4 CITY-ST-ZIP		
TITLE	~~T~~	2.1 TITLE	Treasurer	☒ Change ☐ Addition
NAME	~~JOHNSTON, PATRICIA~~	2.2 NAME	Free, Judy	
STREET ADDRESS	~~1455 CARLTON PKWY~~	2.3 STREET ADDRESS	2438 Rosalie Lake Rd.	
CITY-ST-ZIP	~~BARTOW FL~~	2.4 CITY-ST-ZIP	Lake Wales, Fl. 33853	
TITLE	~~S~~	3.1 TITLE	Secretary	☒ Change ☐ Addition
NAME	~~NORTON, JOANN~~	3.2 NAME	Marcia Porter	
STREET ADDRESS	~~14400 REESE DR~~	3.3 STREET ADDRESS	3006 W. Paris	
CITY-ST-ZIP	~~LAKE WALES FL~~	3.4 CITY-ST-ZIP	Tampa, Fl.	
TITLE	~~D~~	4.1 TITLE	Director	☒ Change ☐ Addition
NAME	~~KNOWLES, LEROY~~	4.2 NAME	Tommy Smith	
STREET ADDRESS	~~US HWY. 17-92 NORTH~~	4.3 STREET ADDRESS	51 Perch Street	
CITY-ST-ZIP	~~DAVENPORT FL 33837~~	4.4 CITY-ST-ZIP	Haines City, Fl. 33844	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, G.W.	5.2 NAME		
STREET ADDRESS	55 PERCH ST	5.3 STREET ADDRESS		
CITY-ST-ZIP	HAINES CITY FL	5.4 CITY-ST-ZIP		
TITLE	~~VP~~	6.1 TITLE	Vice-President	☒ Change ☐ Addition
NAME	~~PORTER, GEORGE A. JR.~~	6.2 NAME	Marvin Burr	
STREET ADDRESS	~~3000 W PARIS STREET~~	6.3 STREET ADDRESS	65 Perch Street	
CITY-ST-ZIP	~~TAMPA FL~~	6.4 CITY-ST-ZIP	Haines City, Fl. 33844	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 addition.

SIGNATURE: _____ Billy R. Dowd 2-25-95 813-967-5259
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

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