

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT



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

1996 2-7-96 B-912 C

DOCUMENT # N28411 (9)

1. Corporation Name

KISSIMEE RIVER VALLEY SPORTSMANS ASSOCIATION, IN
C.

Principal Place of Business

Mailing Address

P.O. BOX 878
HAINES CITY FL 33844

P.O. BOX 1299
HAINES CITY FL 33844



3. Date Incorporated or Qualified
09/19/1988

3a. Date of Last Report
03/03/1995

2. Principal Place of Business
21 P.O. Box 1299

2a. Mailing Address
26 P.O. BOX 1299

4. FEI Number
59-2962822

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

23 Dundee FL 33838

28 DUNDEE, FL. 33838-1299

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 33838

25 FL

29 33838-1299

30 POLK

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name
TOMMY G. SMITH
82 Street Address (P.O. Box Number is Not Acceptable)
51 PERCH STREET
83
84 City
HAINES CITY FL
85 Zip Code
33844-9623

11. Pursuant to the provisions of Sections 617.0502 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

TOMMY G. SMITH

2-1-96

Signature, typed or printed name of registered agent and date it applies to

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	DOWD, BILL R.
STREET ADDRESS	5820 OLD LAKELAND RD
CITY-ST-ZIP	WINTER HAVEN FL
TITLE	T
NAME	FREE, JUDY
STREET ADDRESS	2438 ROSALIE LAKE ROAD
CITY-ST-ZIP	LAKE WALES FL
TITLE	S
NAME	PORTER, MARCIA
STREET ADDRESS	3006 W PARIS
CITY-ST-ZIP	TAMPA FL
TITLE	D
NAME	SMITH, TOMMY
STREET ADDRESS	51 PERCH STREET
CITY-ST-ZIP	HAINES CITY FL
TITLE	D
NAME	SMITH, G.W.
STREET ADDRESS	55 PERCH ST
CITY-ST-ZIP	HAINES CITY FL
TITLE	VP
NAME	BURR, MARVIN
STREET ADDRESS	65 PERCH STREET
CITY-ST-ZIP	HAINES CITY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD
1.2 NAME	SMITH, TOMMY G.
1.3 STREET ADDRESS	51 PERCH STREET
1.4 CITY-ST-ZIP	HAINES CITY FL 33844-9623
2.1 TITLE	T
2.2 NAME	SMITH, ELSIE
2.3 STREET ADDRESS	51 PERCH STREET
2.4 CITY-ST-ZIP	HAINES CITY, FL 33844-9623
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	D
4.2 NAME	SNIVELY, SCOTT
4.3 STREET ADDRESS	14725 CAMP MACK ROAD
4.4 CITY-ST-ZIP	LAKE WALES FL 33853
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)