FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

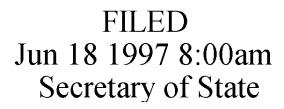
1997 DOCUMENT #

(9)

KISSIMMEE RIVER VALLEY SPORTMANS ASSOCIATION, IN

Principal Place of Business

Mailing Address





PO BOX 1299 DUNDEE FL 33838	PO BOX 1299 DUNDEE FL 33838-1299					
US	U\$		3. Date Incorporated or Qualified 09/19/1988	3a. Date of Last Report 02/08/1996		
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	1	pplied For
21 P.O. Box 1299			59-2962822	 	ot Applicable	
Sulte, Apt. #, etc. Suite, Apt. #, etc. 27				5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State 23 DUNDEE FL	City & State 28 DUNDEE FL			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country	Zip	Country		8. This corporation has liability for intangible tax under s. 199.032,		
24 33838 25 POIK	29 33838	30 10	1K	Florida Statutes 🔲 Yes 💢 No		
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent						
		81	Name			
SMITH, TOMMY G				Street Address (P.O. Box Number is Not Acceptable)		
51 PERCH ST						·
- HAINES CITY FL 33844		83				
•		84	City			Code
*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 objections of, Section 17.0503, Florida Statutes.						
agent. I am lambling with, and accept the objections of, Section 917.0503, Florida Statutes.						
SIGNATURE Signature, typed or printed rapide of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
12. OFFICERS AND	77771 V 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR	RS IN 12
TITLE PD	☐ DELETE	1.1 TITLE			Change	☐ Addition Š
NAME SMITH, TOMMY G		1.2 NAME				3
STREET ADDRESS 51 PERCH ST		1.3 STREET ADDRESS				ជ្រ
CITY-ST-ZIP HAINES CITY FL	ND	1.4 CITY-ST-ZIP				
TITLE T	DELETE	2.1 TITLE 7		T_{-}	Change	☐ Addition C
NAME SMITH, WLSIE		2.2 NAME		EA Aitken		
STREET ADDRESS 51 PERCH ST CITY-ST-ZIP HAINES CITY FL		2.3 STREET	ADDRESS	GI PERCH ST	3844	1
TITLE S	DELETE	2. 4 CITY - 9 3.1 TITLE		<u></u>	∑ Change	Addition
NAME PORTER, MARCIA	DECETE	3.2 NAME	-	S ELSIE C Smith 51 PERCH ST	PET CHILINGS	
STREET ADDRESS 3006 W PARIS		3.3 STREET	ADDRESS	El PERCH ST		
CITY-ST-ZIP TAMPA FL		3.4. CITY-5	ST-ZIP	HAINES City FL 3	3844	
TITLE D	DELETE	4.1 TITLE	37 En	1111123 2117 12 31	☐ Change	Addition
NAME SNIVELY, SCOTT		4. 2 NAME				
STREET ADDRESS 14725 CAMP MACK RD		4.3 STREET	ADDRESS			
CITY-ST-ZIP LAKE WALES FL		4.4 CITY - S	T-ZIP			
TITLE D	☐ DELETE	5.1 TITLE			Change	Addition
NAME SMITH, G.W .		5.2 NAME	- 1			
STREET ADDRESS 55 PERCH ST		5.3 STREET	ADDRESS			
CITY-ST-ZIP HAINES CITY FL	<u> </u>	5.4 CITY - S	T-ZIP			
TITLE VP	☐ DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME BURR, MARVIN		6.2 NAME				
STREET ADDRESS 65 PERCH STREET		6.3 STREET	ADDRESS			
CITY-ST-ZIP HAINES CITY FL		6.4 CITY - S				

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 eath; 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 algorithm with an address.