

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # N28411

(9)

1. Corporation Name

KISSIMMEE RIVER VALLEY SPORTSMANS ASSOCIATION, IN  
C.

Principal Place of Business

Mailing Address

PO BOX 1299  
DUNDEE FL 33838  
US

PO BOX 1299  
DUNDEE FL 33838-1299  
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

SMITH, TOMMY G  
51 PERCH ST  
HAINES CITY FL 33844

3. Date Incorporated or Qualified

09/19/1988

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name Rhonda Moore

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

83 234 Cottonwood Dr.

84 City Davenport

FL

85 Zip Code 33837

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9/3/98

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME SMITH, TOMMY G  
STREET ADDRESS 51 PERCH ST  
CITY-ST-ZIP HAINES CITY FL  
☒ DELETE

TITLE T  
NAME AITKEN, LEA  
STREET ADDRESS 61 PERCH ST.  
CITY-ST-ZIP HAINES CITY FL  
☒ DELETE

TITLE S  
NAME SMITH, ELSIE C.  
STREET ADDRESS 51 PERCH ST.  
CITY-ST-ZIP HAINES CITY FL  
☒ DELETE

TITLE D  
NAME SNIVELY, SCOTT  
STREET ADDRESS 14725 CAMP MACK RD  
CITY-ST-ZIP LAKE WALES FL  
☒ DELETE

TITLE D  
NAME SMITH, G.W.  
STREET ADDRESS 55 PERCH ST  
CITY-ST-ZIP HAINES CITY FL  
☒ DELETE

TITLE VP  
NAME BURR, MARVIN  
STREET ADDRESS 65 PERCH STREET  
CITY-ST-ZIP HAINES CITY FL  
☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P  
1.2 NAME Jerry Renney, Jr.  
1.3 STREET ADDRESS 2075 Isle Royal Ct. #263  
1.4 CITY-ST-ZIP Winter Haven, FL 33880  
☐ Change ☒ Addition

2.1 TITLE V.P.  
2.2 NAME Quintin Moore  
2.3 STREET ADDRESS 234 Cottonwood Dr.  
2.4 CITY-ST-ZIP Davenport, FL 33837  
☐ Change ☒ Addition

3.1 TITLE S  
3.2 NAME Rhonda Moore  
3.3 STREET ADDRESS 234 Cottonwood Dr.  
3.4 CITY-ST-ZIP Davenport, FL 33837  
☐ Change ☒ Addition

4.1 TITLE T  
4.2 NAME Gena Kaley  
4.3 STREET ADDRESS 2016 Spirit Lake Rd.  
4.4 CITY-ST-ZIP Winter Haven, FL 33880  
☐ Change ☒ Addition

5.1 TITLE D  
5.2 NAME Toby Pope  
5.3 STREET ADDRESS 1723 Terry Circle  
5.4 CITY-ST-ZIP Winter Haven, FL 33881  
☐ Change ☒ Addition

6.1 TITLE D  
6.2 NAME Danny Brantley  
6.3 STREET ADDRESS 3800 Great Masterpiece Rd.  
6.4 CITY-ST-ZIP Lake Wales, FL 33853  
☐ 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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-21-98

941-424-2411

Date Daytime Phone #

CR2E037 (5/98)

FILED  
Sep 10 1998 8:00am<sup>8</sup>  
Secretary of State

