

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 25, 1999 8:00am
Secretary of State

01-25-1999 90011 011 *****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N28411

1. Corporation Name

KISSIMMEE RIVER VALLEY SPORTSMANS ASSOCIATION, INC.

Principal Place of Business

PO BOX 1299
DUNDEE FL 33838
US

Mailing Address

PO BOX 1299
DUNDEE FL 33838-1299
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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

9. Name and Address of Current Registered Agent

MOORE, RHONDA
234 COTTONWOOD DR
DAVENPORT FL 33837

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 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

Rhonda Moore

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-7-99

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME RENNEY, JR J
STREET ADDRESS 2075 ISLE ROYAL CT #263
CITY-ST-ZIP WINTER HAVEN FL 33880

TITLE V ☐ DELETE
NAME MOORE, QUINTIN
STREET ADDRESS 234 COTTONWOOD DR
CITY-ST-ZIP DAVENPORT FL 33837

TITLE S ☐ DELETE
NAME MOORE, RHONDA
STREET ADDRESS 234 COTTONWOOD DR
CITY-ST-ZIP DAVENPORT FL 33837

TITLE T ☐ DELETE
NAME KALEY, GENA
STREET ADDRESS 2016 SPIRIT LAKE RD
CITY-ST-ZIP WINTER HAVEN FL 33880

TITLE D ☐ DELETE
NAME POPE, TOBY
STREET ADDRESS 1723 TERRY CIRCLE
CITY-ST-ZIP WINTER HAVEN FL 33881

TITLE D ☐ DELETE
NAME BRANTLEY, DANNY
STREET ADDRESS 3800 GREAT MASTERPIECE RD
CITY-ST-ZIP LAKE WALES FL 33853

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

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

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

Rhonda Moore

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-7-99 941-424-2411

CR2E037 (1/98)