


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90017 029 ****61.25

DOCUMENT # N28411 1. Entity Name KISSIMMEE RIVER VALLEY SPORTMANS 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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent MOORE, RHONDA 8028 HATCHINEHA RD HAINES CITY, FL 33844				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOORE, RHONDA P.O. BOX 1511 HAINES CITY, FL 33845	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. Danny Brantley 3600 Hidden Hammock Rd. Lake Wales FL 33898
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LUNSFORD, LARRY 3120 RIVER OAK DR BARTOW, FL 33830	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. Pres. Rhonda Moore PO Box 1511 Haines City FL 33845
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JUMIGAN, LUCILLE P.O. BOX 5243 PLANT CITY, FL 335630040	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Jenny Moore 6007 Halabrim Rd. Haines City FL 33844
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LANE, PATTY 2625 WALK-IN-THE-WATER RD LAKE WALES, FL 33898	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasures Gena Kaley 2016 Spirit Lake Rd. Winter Haven FL 33880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRINER, PHILLIP 7030 HATCHINKA ROAD HAINES CITY, FL 33844	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRANTLEY, DANNY 3600 HIDDEN HAMMOCK RD LAKE WALES, FL 33898	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Gena M. Kaley - Treasures</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				3/22/04 8632916536 <small>Date Daytime Phone #</small>	

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4. FEI Number 59-2962822 Applied For Not Applicable

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