

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90189 013 ****61.25

DOCUMENT # N28411 1. Entity Name KISSIMMEE RIVER VALLEY SPORTSMAN 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	4. FEI Number 59-2962822	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BRANTLEY, DANNY 3600 HIDDEN HAMMOCK LAKE WALES, FL 33898			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: _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2006		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 BRANTLEY, DANNY 3600 HIDDEN HAMMOCK LAKE WALES, FL 33898	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COREY, BOBBY 2625 WALK IN WATER RD LAKE WALES, FL 33898	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRANTLEY, JENNIFER 3600 HIDDEN HAMMOCK LAKE WALES, FL 33898	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KALEY, GENA 2016 SPIRIT LAKE RD WINTER HAVEN, FL 33880	<input type="checkbox"/> Delete			
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	D BRANTLEY, DANNY 3600 HIDDEN HAMMOCK RD LAKE WALES, FL 33898	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Kaley, Fred 2016 Spirit Lake Rd. Winter Haven FL 33880				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Heather Murrey 402 E. Young St. Plant City FL 33563				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Kaley Treasurer</u> 1/6/06 8634215409					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					