

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2003 8:00 am
Secretary of State

07-24-2003 90118 026 ****61.25

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DOCUMENT # N28411

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2962822**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MOORE, RHONDA
8028 HATCHINEHA RD
HAINES CITY FL 33844**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 **P** ☐ Delete
NAME **MOORE, RHONDA**
STREET ADDRESS **8028 HATCHINEHE RD**
CITY-ST-ZIP **HAINES CITY FL 33844**

TITLE **P** ☒ Change ☐ Addition
NAME **Rhonda Moore**
STREET ADDRESS **P.O. Box 1511**
CITY-ST-ZIP **Haines City, FL 33845**

TITLE **VP** ☐ Delete
NAME **LUNS福德, LARRY**
STREET ADDRESS **3120 RIVER OAK DR**
CITY-ST-ZIP **BARTOW FL 33830**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☒ Delete
NAME **GIBSON, RHONDA**
STREET ADDRESS **P O BOX 1571**
CITY-ST-ZIP **DAVENPORT FL 33836-1571**

TITLE **S** ☒ Change ☒ Addition
NAME **Lucille Turnigan**
STREET ADDRESS **P.O. Box 5243**
CITY-ST-ZIP **Plant City FL 33563-0040**

TITLE **T** ☐ Delete
NAME **LANE, PATTY**
STREET ADDRESS **2628 CEDARWOOD DR**
CITY-ST-ZIP **LAKE WALES FL 33898**

TITLE **T** ☒ Change ☐ Addition
NAME **PATTY LANE**
STREET ADDRESS **2626 WALK-IN-THE-WATER RD**
CITY-ST-ZIP **LAKE WALES, FL 33898**

TITLE **D** ☐ Delete
NAME **GRINER, PHILLIP**
STREET ADDRESS **7030 HATCHINKA ROAD**
CITY-ST-ZIP **HAINES CITY FL 33844**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition
NAME **Danny Brantley**
STREET ADDRESS **3600 Hidden Hammock Rd**
CITY-ST-ZIP **lake Wales Fla 33898**

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 life empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/03

863-287-5371

CR2E037 (4/03)