

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N36074

1. Entity Name

FLORIDA STATE DOG HUNTERS ASSOCIATION, INC.



Principal Place of Business

P O BOX 5535
TALLAHASSEE, FL 32310 US

Mailing Address

P O BOX 5535
TALLAHASSEE, FL 32310 US



04112006 No Chg-NP

CRZE037 (11/05)

4. FEI Number

04-3205081

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fees Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MCKEITHEN, R.A.
915 BLOXHAM CUTOFF
CRAWFORDVILLE, FL 32327

**DO NOT WRITE
IN THIS SPACE**

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MCKEITHEN, R A
STREET ADDRESS	RT 16 BOX 1660
CITY- ST- ZIP	TALLAHASSEE, FL
TITLE	DS
NAME	CHESHIRE, ELLIS
STREET ADDRESS	337 PAYTON RD
CITY- ST- ZIP	MONTECELLO, FL 32344
TITLE	DT
NAME	TUCKER, ALLAN
STREET ADDRESS	6424 OLD SAINT AUGUSTINE RD
CITY- ST- ZIP	TALLAHASSEE, FL 32311
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U00000505137
04/26/06-80105-013 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tracy

Allan Tucker

Date

4-11-06

Daytime Phone #

850-674-4239