

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 26, 2004 8:00 am**  
**Secretary of State**

01-26-2004 90005 042 \*\*\*\*61.25

**DOCUMENT # N36922**

1. Entity Name

**NORTHWEST FLORIDA DOGHUNTERS ASSOCIATION INC.**



Principal Place of Business

167 SIDNEY AVE  
DEFUNIAK SPRINGS FL 32433  
US

Mailing Address

167 SIDNEY AVE  
DEFUNIAK SPRINGS FL 32433  
US

34000559



MOORE CR2E037 (11/03)

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

59-2303842

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

NELSON, CLARENCE H  
167 SIDNEY AVE  
DEFUNIAK SPRINGS FL 32433

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**

**Due By May 1, 2004**

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

TITLE D  
NAME BROWN, FREDERICK M. ☐ Delete  
STREET ADDRESS 862 WESTPRUCE STREET  
CITY-ST-ZIP DEFUNIAK SPRINGS FL

TITLE D  
NAME FOXHALL, JOHNNY ☐ Delete  
STREET ADDRESS 1518 PLESENT RIDGE RD.  
CITY-ST-ZIP DEFUNIAK SPRINGS FL

TITLE P  
NAME KELLY, WILLIAM J ☒ Delete  
STREET ADDRESS 8415 THAMES ROAD  
CITY-ST-ZIP BAKER FL 32531

TITLE S  
NAME NELSON, CLARENCE ☐ Delete  
STREET ADDRESS 167 SIDNEY AVE  
CITY-ST-ZIP DEFUNIAK SPRINGS FL

TITLE VP  
NAME HOLT, MATT ☒ Delete  
STREET ADDRESS 6189 ROCHELLE LANE  
CITY-ST-ZIP CRESTVIEW FL 32539

TITLE D  
NAME HALL, ROBERT W ☐ Delete  
STREET ADDRESS 156 S 22ND ST  
CITY-ST-ZIP DEFUNIAK SPRINGS FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (IN 10)

TITLE  
NAME Lawton Rockman (PS) ☐ Change ☒ Addition  
STREET ADDRESS 955 Smith Road  
CITY-ST-ZIP DeFuniaK Spgs, FL 32433

TITLE VP  
NAME Larry Nelson ☐ Change ☒ Addition  
STREET ADDRESS 209 Sidney Ave  
CITY-ST-ZIP DeFuniaK Spgs, FL 32433

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

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

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

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

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Clarence H. Nelson*  
CLARENCE H. NELSON

1-21-04 (850) 892-2602