


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

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N36922</b> 1. Entity Name <b>NORTHWEST FLORIDA DOGHUNTERS ASSOCIATION INC.</b>	
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Principal Place of Business <b>167 SIDNEY AVE DEFUNIAK SPRINGS, FL 32433 US</b>	Mailing Address <b>167 SIDNEY AVE DEFUNIAK SPRINGS, FL 32433 US</b>
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01192006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2303842</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fees Required
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6. Name and Address of Current Registered Agent

**NELSON, CLARENCE H  
167 SIDNEY AVE  
DEFUNIAK SPRINGS, FL 32433**

**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 title 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 NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, FREDERICK M. 862 WESTPRUCE STREET DEFUNIAK SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOXHALL, JOHNNY 1518 PLESENT RIDGE RD. DEFUNIAK SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROCKMAN, LAWTON 955 SMITH RD. DEFUNIAK SPRINGS, FL 32433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NELSON, CLARENCE 167 SIDNEY AVE DEFUNIAK SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NELSON, LARRY 209 SIDNEY AVE. DEFUNIAK SPRINGS, FL 32433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALL, ROBERT W 166 S 22ND ST DEFUNIAK SPRINGS, FL

U00000396810  
01/30/06-80022-024 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:**

**CLARENCE H. NELSON**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-19-06**