

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2008 08:00 AM**  
**Secretary of State**

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



01102008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2303842	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**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, 2008**

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 THOMAS, TRUETT 16126 HWY 280E DEFUNIAK SPRINGS, FL 32435
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 WILLIAMS, GORDON 415 FOUR MILE RD FREEPORT, FL 32439

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01/14/08-80003-023 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

1-10-08  
Date

150-892-2602  
Daytime Phone #