


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N40364	
1. Entity Name FLORIDA STATE DOG HUNTERS AND SPORTSMEN'S ASSOC. INC.	

Principal Place of Business 915 BLOXHAM CUTOFF RD. CRAWFORDVILLE, FL 32327 US	Mailing Address 915 BLOXHAM CUTOFF RD. CRAWFORDVILLE, FL 32310 US
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MCKEITHEN, R.A.
915 BLOXHAM CIR.
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:  DATE: 2-7-05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2005**

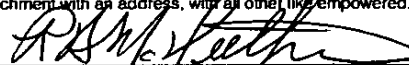
9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

400054237084
10/05--01108--006 **\$61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKEITHEN, R.A. 915 BLOXHAM CUTOFF RD. CRAWFORDVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TUCKER, ALLAN 6424 OLD ST AUGUSTINE RD TALLAHASSEE, FL 32311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINLEY, GEORGE 15140 71ST DRIVE NORTH PALM BEACH GARDENS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE

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:  2-7-05 850 575-3333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
05 APR 28 AM 11:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02072005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3085481	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	