

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 21, 2008 08:00 A**  
**Secretary of State**

**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 32327 US**



03172008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3085481**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**MCKEITHEN, R A  
915 BLOXHAM CUTOFF RD  
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 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**

000000866650  
04/08/08 00039 000 61.25

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	MCKEITHEN, R A
STREET ADDRESS	915 BLOXHAM CUTOFF RD
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327

TITLE	D
NAME	TUCKER, ALLAN
STREET ADDRESS	6424 OLD ST AUGUSTINE RD
CITY-ST-ZIP	TALLAHASSEE, FL 32311

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/19/2008**  
Date

**850  
524-4770**  
Daytime Phone #