


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # N50425 1. Entity Name FLORIDA HOUND HUNTERS ASSOCIATION, INCORPORATED	
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Principal Place of Business P.O. BOX 638 ALTOONA, FL 32702	Mailing Address P.O. BOX 638 ALTOONA, FL 32702
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DO NOT WRITE IN THIS SPACE



01082004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3135704	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LORTON, JOHN
14912 PINECREST ROAD
TAMPA, FL 33613

**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 re-registering) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

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	DP LORTON, JOHN 14912 PINECREST ROAD TAMPA, FL 33613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TUCKER, BOBBY J 4425 SE 69TH STREET OCALA, FL 34480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD EDENFIELD, TERRY G 10191 CR 314 SILVER SPRINGS, FL 34488
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HUNTER, CARLA 104 W ALVA STREET TAMPA, FL 33603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, JIMMIE E 4310 SE 183RD AVE RD OCLAWAHA, FL 32179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELLIS, JOE 1002 E REYNOLDS STREET PLANT CITY, FL 33566

000000005671
01/15/04-80059-024 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the 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 817, 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: Jimmie E. Wilson Jimmie E. Wilson 1-15-04 352-625-6678
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #