


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2005 8:00 am
Secretary of State

03-16-2005 90034 037 ****61.25

DOCUMENT # N50425 1. Entity Name FLORIDA HOUND HUNTERS ASSOCIATION, INCORPORATED					
Principal Place of Business P.O. BOX 638 ALTOONA, FL 32702			Mailing Address P.O. BOX 638 ALTOONA, FL 32702		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
4. FEI Number 59-3135704				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 LORTON, JOHN 14912 PINECREST ROAD TAMPA, FL 33613			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LORTON, JOHN		NAME	Thomas, Todd	
STREET ADDRESS	14912 PINECREST ROAD		STREET ADDRESS	5960 S.E. 126th Street	
CITY-ST-ZIP	TAMPA, FL 33613		CITY-ST-ZIP	Belleview, FL 34420	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TUCKER, BOBBY J		NAME	Browning, Jr., Oris	
STREET ADDRESS	4425 SE 69TH STREET		STREET ADDRESS	7600 SE 180th Ave. Rd.	
CITY-ST-ZIP	OCALA, FL 34480		CITY-ST-ZIP	Ocklawaha, FL 32179	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		
NAME	EDENFIELD, TERRY G		NAME		
STREET ADDRESS	10191 CR 314		STREET ADDRESS		
CITY-ST-ZIP	SILVER SPRINGS, FL 34488		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE		
NAME	HUNTER, CARLA		NAME		
STREET ADDRESS	104 WALVA STREET		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33603		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		
NAME	WILSON, JIMMIE E		NAME		
STREET ADDRESS	4310 SE 183RD AVE RD		STREET ADDRESS		
CITY-ST-ZIP	OCKLAHAHA, FL 32179		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		
NAME	ELLIS, JOE		NAME		
STREET ADDRESS	1002 E REYNOLDS STREET		STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY, FL 33566		CITY-ST-ZIP		
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: John C. Lorton PRESIDENT <i>[Signature]</i> 3-13-05 813-841-5777 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

50027114

