


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N94000001839 (9)**

1. Corporation Name

**THE ASSOCIATION FOR THE PRESERVATION OF GAMEFOWL
, INC.**

Principal Place of Business

Mailing Address

8220 SW 95 ST
MIAMI FL 33156

8220 SW 95 ST
MIAMI FL 33156

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

RIERA-GOMEZ, ORLANDO
8220 SW 95 ST
MIAMI FL 33156

3. Date Incorporated or Qualified

04/11/1994

4. FEI Number

65-0481745

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81 Name

Neal Crawford

82 Street Address (P.O. Box Number is Not Acceptable)

2025 Slocumb Road

83

84 City

Haines City

FL

85 Zip Code

33894

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Neal Crawford
Signature of typed or printed name of registered agent and title if applicable.

Neal Crawford
(NOTE: Registered Agent signature required when reinstating)

1/19/98

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RIERA-GOMEZ, ORLANDO	
STREET ADDRESS	8220 SW 95 ST	
CITY-ST-ZIP	MIAMI FL 33156	

TITLE	D	<input type="checkbox"/> DELETE
NAME	RIERA-GOMEZ, JANET	
STREET ADDRESS	8220 SW 95 ST	
CITY-ST-ZIP	MIAMI FL 33156	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CRAWFORD, NEAL	
STREET ADDRESS	2025 SLOCOMB RD	
CITY-ST-ZIP	HAINES CITY FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Alan J. Tapia	
1.3 STREET ADDRESS	16000 SW 27th Street	
1.4 CITY-ST-ZIP	Miami, Florida 33031	

2.1 TITLE	SIT/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Janet Riera-Gomez	
2.3 STREET ADDRESS	8220 SW 95 Street	
2.4 CITY-ST-ZIP	Miami, Florida 33156	

3.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Connie Mack Sullivan	
3.3 STREET ADDRESS	Route 2 Box 58	
3.4 CITY-ST-ZIP	Perry, Florida 32347	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Janet Riera-Gomez
SIGNATURE REQUIRED

1/19/98 (305) 274-1160

CR2E037 (10/97)