

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 09, 2006 8:00 am
Secretary of State

05-02-2006 90217 013 ****61.25

DOCUMENT # N94000003779					
1. Entity Name FLORIDA WILD MAMMAL ASSOCIATION, INC.					
Principal Place of Business 198 EDGAR POOLE RD. CRAWFORDVILLE FL 32327			Mailing Address 198 EDGAR POOLE RD. CRAWFORDVILLE FL 32327		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0508616	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BEATTY, CHRISTINE M MRS. 198 EDGAR POOLE RD CRAWFORDVILLE FL 32327			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 use if applicable (NOTE: Registered Agent signature required when re-registering)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$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	PD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	BEATTY, MICHAEL J MR.		NAME		
STREET ADDRESS	198 EDGAR POOLE RD		STREET ADDRESS		
CITY-ST-ZIP	CRAWFORDVILLE FL 32327		CITY-ST-ZIP		
TITLE	VPD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	ANDERSON, DEBORAH MS.		NAME		
STREET ADDRESS	9720 146 AVE		STREET ADDRESS		
CITY-ST-ZIP	FELLSMORE FL 32948		CITY-ST-ZIP		
TITLE	STD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	DENMARK, ELIZABETH MRS.		NAME		
STREET ADDRESS	32 JASON ST.		STREET ADDRESS		
CITY-ST-ZIP	CRAWFORDVILLE FL 32327		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	MUSGROVE, KARRIE		NAME		
STREET ADDRESS	335 HICKORYWOOD DR.		STREET ADDRESS		
CITY-ST-ZIP	CRAWFORDVILLE FL 32327		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☒ Addition	
NAME			NAME	D Judith L Creese	
STREET ADDRESS			STREET ADDRESS	35 BUNTING DRIVE	
CITY-ST-ZIP			CITY-ST-ZIP	Crawfordville, FLA 32327	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u>Christine Beatty</u> Christine M Beatty <u>4/24/06</u> <u>850926-8308</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					