FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 MAY -1 AM 8:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000004859 (4)**

1. Corporation Name
HORSESHOE CREEK WILDLIFE FOUNDATION, INC.

Principal Place of Business	Mailing Address
1310 HORSESHOE CREEK RD DAVENPORT FL 33837	1310 HORSESHOE CREEK RD DAVENPORT FL 33837

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/28/1994
3a. Date of Last Report: N/A
4. FEI Number: 59-3367313 — ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

ATKINSON, DARRYL
1310 HORSESHOE CREEK RD
DAVENPORT FL 33837

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE ______ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	ATKINSON, DARRYL	12 NAME	
STREET ADDRESS	1310 HORSESHOE CREEK RD	13 STREET ADDRESS	
CITY-ST-ZIP	DAVENPORT FL 33837	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☑ Change ☐ Addition
NAME	PARKE, BENNET	22 NAME	Tracy Buttermore
STREET ADDRESS	1310 HORSESHOE CREEK RD	23 STREET ADDRESS	1310 Horseshoe Creek Rd.
CITY-ST-ZIP	DAVENPORT FL 33837	24 CITY-ST-ZIP	Davenport, FL 33837
TITLE	D	31 TITLE	☑ Change ☐ Addition
NAME	BURFORD, CHRIS	32 NAME	Michelle Provencher
STREET ADDRESS	1310 HORSESHOE CREEK RD	33 STREET ADDRESS	1310 Horseshoe Creek Rd.
CITY-ST-ZIP	DAVENPORT FL 33837	34 CITY-ST-ZIP	Davenport, FL 33837
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	ATKINSON, DALE	42 NAME	
STREET ADDRESS	1310 HORSESHOE CREEK RD	43 STREET ADDRESS	
CITY-ST-ZIP	DAVENPORT FL 33837	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	ATKINSON, ELIZABETH	52 NAME	
STREET ADDRESS	1310 HORSESHOE CREEK RD	53 STREET ADDRESS	
CITY-ST-ZIP	DAVENPORT FL 33837	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Darryl L. Atkinson (signature) Darryl L. Atkinson 3-27-95 813-422-1725
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0067740