


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90194 029 ****61.25

DOCUMENT # N94000004859 1. Entity Name HORSESHOE CREEK WILDLIFE FOUNDATION, INC.	
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Principal Place of Business 1310 HORSESHOE CREEK RD DAVENPORT, FL 33837	Mailing Address 1310 HORSESHOE CREEK RD DAVENPORT, FL 33837
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24068221



04212004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3307313	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent ATKINSON, DARRYL 1310 HORSESHOE CREEK RD DAVENPORT, FL 33837

**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 reinstating) 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	D
NAME	ATKINSON, DARRYL
STREET ADDRESS	1310 HORSESHOE CREEK RD
CITY-ST-ZIP	DAVENPORT, FL 33837
TITLE	D
NAME	ATKINSON, DALE
STREET ADDRESS	1310 HORSESHOE CREEK RD
CITY-ST-ZIP	DAVENPORT, FL 33837
TITLE	D
NAME	STIMSON, ELIZABETH
STREET ADDRESS	1310 HORSESHOE CREEK RD
CITY-ST-ZIP	DAVENPORT, FL 33837
TITLE	D
NAME	ATKINSON, EDNA
STREET ADDRESS	1310 HORSESHOE CREEK RD
CITY-ST-ZIP	DAVENPORT, FL 33837
TITLE	Director
NAME	Kody Atkinson
STREET ADDRESS	Po Box 1781
CITY-ST-ZIP	Davenport, FL 33836
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 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: Darryl L. Atkinson **Darryl L. Atkinson** 4-22-04 863-295-3577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #