'2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N99000002054

1. Entity Name

FLORIDA OUTDOORS FOUNDATION, INC.



Principal Place of Business

2399 NORTH EAST COUNTY RD 138 BRANFORD, FL 32008 US Mailing Address

2399 NORTH EAST COUNTY RD 138 BRANFORD, FL 32008 US FILED May 15, 2006 08:00 A Secretary of State



DO NOT WRITE IN THIS SPACE

02082006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-3588381

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TATUM, TOM 2399 NE CR 138 BRANFORD, FL 32008

DO NOT WRITE IN THIS SPACE

Language Control of the Control of t				
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.				
1				
SIGNATURE Com Latern 5-10-06				
Skindbure, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstaining) DATE				
				U00000564123
	Filing Fee is \$61.25	9. Election Campaign Financing	\$5.00 May Be	05/20/06-80048-003 61.25
	Due by May 1, 2006	Trust Fund Contribution.	Added to Fees	1
10.	OFFICERS AND DIRECTORS			
TITLE	D	··.		
NAME	TATUM, TOM			
STREET ADDRESS	2399 NE CR 138			
CHY-ST-ZIP	BRANFORD, FL 32008			
ITILE	D			
NAME	JACKSON, JOHN	1		
STREET ADDRESS	15118 BRUSHWOOD DR.			
CITY-ST-ZIP	TAMPA, FL 33624	•		
				•
TITLE NAME	D ENDIOUEZ DEV	·		
STREET ADDRESS	ENRIQUEZ, REY 1011 NORTH PAEEOCK AVE			
CITY-ST-ZIP			DO	NOT WRITE
<u> </u>	TAMPA, FL 33607			
TITLE	,		IN	THIS SPACE
NAME		•	•••	
STREET ADDRESS	1			
CITY-ST-ZIP				
TITLE		ſ		
NAME		j		
STREET ADDRESS	•			
CITY-ST-ZIP				
TITLE				
NAME	•	l		
STREET ADDRESS		l		
CITY-ST-ZIP	•			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 path; that I am an officer or director.				

12. I hereby certify that the information supplied with this thing does not qualify for the exemptions contained in Chapter 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-10-NL

813-924-3150

tio

Daytime Phone #