

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90190 007 ****61.25

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**

4000000000



04162007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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
~~2000 NE OR 138~~ **2780 NW CR 138**
BRANFORD, FL 32008 **CHANGE STREET
ADDRESS**

**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

Tom Tatum

4-16-07

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **TATUM, TOM** **CHANGE STREET ADDRESS**
STREET ADDRESS ~~2000 NE OR 138~~ **2780 NW CR 138**
CITY-ST-ZIP **BRANFORD, FL 32008**

TITLE **D**
NAME **JACKSON, JOHN**
STREET ADDRESS **15118 BRUSHWOOD DR.**
CITY-ST-ZIP **TAMPA, FL 33624**

TITLE **D**
NAME **ENRIQUEZ, REY**
STREET ADDRESS **1011 NORTH PAEEOCK AVE**
CITY-ST-ZIP **TAMPA, FL 33607**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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

Date

Daytime Phone #

Tom Tatum

4-19-07 352-258-9254