


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2004 08:00 AM
Secretary of State

DOCUMENT # N99000005123				
1. Entity Name SUWANNEE RIVER COON HUNTERS ASSOCIATION, INC.				
Principal Place of Business HC 4 BOX 609, COUNTY RD. 353 OLD TOWN FL 32680		Mailing Address HC 4 BOX 609, COUNTY RD. 353 OLD TOWN FL 32680		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
6. Name and Address of Current Registered Agent STEPHENSON, JODY HC 4 BOX 609, COUNTY RD. 353 OLD TOWN FL 32680				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code



MOORE CR2E037 (11/03)

4. FEI Number **NO-T APPLICABLE** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPHENSON, JODY		NAME		
STREET ADDRESS	HC 4 BOX 609, COUNTY RD. 353		STREET ADDRESS		
CITY - ST - ZIP	OLD TOWN FL 32680		CITY - ST - ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, PAUL		NAME		
STREET ADDRESS	HC 4 BOX 454-3		STREET ADDRESS		
CITY - ST - ZIP	OLD TOWN FL 32680		CITY - ST - ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLFORD, JEANETTE		NAME		
STREET ADDRESS	2589 NW 55TH AVE		STREET ADDRESS		
CITY - ST - ZIP	BELL FL 32619		CITY - ST - ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPHENSON, TRACY		NAME		
STREET ADDRESS	HC 4 BOX 609, COUNTY RD. 353		STREET ADDRESS		
CITY - ST - ZIP	OLD TOWN FL 32680		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 exemption stated in Section 119.07(3)(f), 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: Tracy Stephenson Tracy Stephenson 2/24/04
Signature and typed name of signing officer or director 352-542-8609