

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

FILED
Feb 28, 2007 08:00 A
Secretary of State

DOCUMENT # N99000005123

1. Entity Name
**SUWANNEE RIVER COON HUNTERS ASSOCIATION,
INC.**



Principal Place of Business

**591 NE 831ST AVE
OLD TOWN, FL 32680**

Mailing Address

**591 NE 831ST AVE
OLD TOWN, FL 32680**



01162007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**STEPHENSON, JODY
591 NE 831ST AVE
OLD TOWN, FL 32680**

**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

Jody P. Stephenson
Signature, typed or printed name of registered agent and title if applicable.

Jody P. Stephenson
(NOTE: Registered Agent signature required when reinstating)

DATE
1-17-07

**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	PD
NAME	STEPHENSON, JODY
STREET ADDRESS	591 NE 831ST AVE
CITY - ST - ZIP	OLD TOWN, FL 32680
TITLE	VD
NAME	MARTIN, PAUL
STREET ADDRESS	HC 4 BOX 454-3
CITY - ST - ZIP	OLD TOWN, FL 32680
TITLE	SD
NAME	WOLFORD, JEANETTE
STREET ADDRESS	591 NE 831ST AVE
CITY - ST - ZIP	OLD TOWN, FL 32680
TITLE	TD
NAME	STEPHENSON, TRACY
STREET ADDRESS	591 NE 831ST AVE
CITY - ST - ZIP	OLD TOWN, FL 32680
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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03/09/07-80021-024 61.25

**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

Tracy Stephenson
SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING OFFICER OR DIRECTOR

DATE

1-17-07
Date

352-8459
Daytime Phone #