## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 23, 2005 8:00 am **Secretary of State** DOCUMENT # P14258 1. Entity Name 02-23-2005 90079 025 \*\*\*\*61.25 WILDLIFE ACTION, INC. Principal Place of Business Mailing Address 405 N. MAIN ST. MULLINS SC 29574 P.O. BOX 866 MULLINS SC 29574-0543 - 50018476 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) City & State City & State Applied For 4. FE! Number 57-0044167 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FRANKS, BARBARA Street Address (P.O. Box Number is Not Acceptable) 308 ALLIN AVE OVIEDO FL 32765 City Zip Code 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) Z#15-524-3886360000 1877-1853 1853 1.2 grideliker? FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be $\Box$ Due By May 1, 2005 Trust Fund Contribution Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10, TITLE ☐ Delete ☐ Addition BEESON, M. GAULT, JR. 1101 SANDY BLUFF RD. STREET ADDRESS STREET ADDRESS MULLINS SC CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE FLOYD, JOHNNY R NAME NAME **402 SOUTH MAIN STREET** STREET ADDRESS STREET ADDRESS MULLINS SC CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Addition GRUBBS, LINDA NAME NAME 1429 OLDE FORGE LANE STREET ADDRESS STREET ADDRESS WOODSTOCK GA 30189 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Addition RICHARDSON, RUSTY NAME NAME 1309 HORSE SHOE RD. STREET ADDRESS STREET ADDRESS MULLINS SC 29574 CITY - ST- 7IP CITY-ST-7IP TIFLE ☐ Delete TITLE ☐ Change ☐ Addition DONNELL, JIM NAME NAME 108 CARDINAL ROAD STREET ADDRESS STREET ADDRESS **GUYTON GA** CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition MOTTERN, BOB NAME NAME HORSESHOE CIR. STREET ADDRESS STREET ADDRESS MULLINS SC 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)(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 post is 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:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-03 89

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