

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14258

FILED  
Feb 03, 2009  
Secretary of State

Entity Name: WILDLIFE ACTION, INC.

**Current Principal Place of Business:**

405 N. MAIN ST.  
MULLINS, SC 29574 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 866  
MULLINS, SC 295740543 US

**New Mailing Address:**

FEI Number: 57-0044167

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FRANKS, BARBARA  
308 ALLIN AVE  
OVIDO, FL 32765 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BEESON, M. GAULT, JR. .  
Address: 1101 SANDY BLUFF RD.  
City-St-Zip: MULLINS, SC

Title: V ( ) Delete  
Name: FLOYD, JOHNNY R  
Address: 402 SOUTH MAIN STREET  
City-St-Zip: MULLINS, SC

Title: D ( ) Delete  
Name: FISHER, BRIAN  
Address: P.O. BOX 411  
City-St-Zip: MULLINS, SC 29574

Title: D ( ) Delete  
Name: MCDANIEL, KENNY  
Address: 4130 DOUBLE LOOP  
City-St-Zip: MULLINS, SC 29574

Title: D ( ) Delete  
Name: SIMPSON, TOMMY  
Address: P.O. BOX 865  
City-St-Zip: MULLINS, SC 29574

Title: D ( ) Delete  
Name: STROUD, CARL  
Address: 7517 E. HWY 76  
City-St-Zip: MULLINS, SC 29574

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: M. GAULT BEESON, JR.

MR.

02/03/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date