

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90383 001 ****61.25

DOCUMENT # P32731

1. Entity Name

ROCKY MOUNTAIN ELK FOUNDATION, INC.



Principal Place of Business

5705 GRANT CREEK RD.
MISSOULA, MT 59808

Mailing Address

P O BOX 8249
MISSOULA, MT 59807-8249

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04162007

Chg-NP

CR2E037 (12/06)

4. FEI Number

81-0421425

Applied For

Not Applicable

6. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

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

TITLE PCEO ☐ Delete
NAME DART, PETER J
STREET ADDRESS 10915 SADDLEBACK LANE
CITY-ST-ZIP MISSOULA, MT 59804

TITLE S ☐ Delete
NAME PARKER, GRANT
STREET ADDRESS 655 E. BECKWITH
CITY-ST-ZIP MISSOULA, MT 59801

TITLE T ☐ Delete
NAME TRIEPKE, ROD
STREET ADDRESS 1550 TROTting HORSE LANE
CITY-ST-ZIP MISSOULA, MT 59804

TITLE D ☒ Delete
NAME SMITH, BUDDY
STREET ADDRESS 405 COUNTY LINE ROAD
CITY-ST-ZIP MIDLOTHIAN, VA 23112

TITLE D ☐ Delete
NAME ALLEN, DAVID
STREET ADDRESS 6607 O'DONNELL LANE
CITY-ST-ZIP BILLINGS, MT 59106

TITLE D ☐ Delete
NAME BUCHER, TERRY
STREET ADDRESS 5405 TOPEKA DRIVE
CITY-ST-ZIP TARZANA, CA 91356

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME *Please see attached*
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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 #