

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2004 8:00 am
Secretary of State

01-09-2004 90072 035 ***150.00

DOCUMENT # P94000019776 1. Entity Name SEMINOLE COUNTY WILDLIFE ASSOCIATION, INC.																																																																																																									
Principal Place of Business 3400 CELERY AVENUE SANFORD, FL 32771			Mailing Address P.O. BOX 150 LONGWOOD, FL 32752-0150																																																																																																						
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				7. Name and Address of New Registered Agent																																																																																																					
DALE, LARRY A 3400 CELERY AVENUE SANFORD, FL 32771				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																									
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																							
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="2" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">P DALE, LARRY A <input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>DALE, LARRY A</td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3400 CELERY AVENUE</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SANFORD, FL 32771</td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VP <input type="checkbox"/> Delete</td> <td>TITLE</td> <td>V.P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>GOOD, MICHAEL J</td> <td>NAME</td> <td>GOOD, MICHAEL</td> </tr> <tr> <td>STREET ADDRESS</td> <td>1020 EDMISTON PLACE</td> <td>STREET ADDRESS</td> <td>1885 W. LAKE MARY</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LONGWOOD, FL 32750</td> <td>CITY-ST-ZIP</td> <td>LAKE MARY, FL 32146</td> </tr> <tr> <td>TITLE</td> <td>T <input type="checkbox"/> Delete</td> <td>TITLE</td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>TYE, ARTHUR D</td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>22948 WOLF BRANCH ROAD</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SORRENTO, FL 32776</td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td>ST <input type="checkbox"/> Delete</td> <td>TITLE</td> <td>ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>HAMMOCK, JAMES W</td> <td>NAME</td> <td>James W. HAMMOCK</td> </tr> <tr> <td>STREET ADDRESS</td> <td>5089 THE OAKS CIRCLE</td> <td>STREET ADDRESS</td> <td>115 Lillie Pond Point</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ORLANDO, FL 32809</td> <td>CITY-ST-ZIP</td> <td>CHULUOTA, FL 32766</td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> </tbody> </table>						10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		TITLE	P DALE, LARRY A <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME	DALE, LARRY A	NAME		STREET ADDRESS	3400 CELERY AVENUE	STREET ADDRESS		CITY-ST-ZIP	SANFORD, FL 32771	CITY-ST-ZIP		TITLE	VP <input type="checkbox"/> Delete	TITLE	V.P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	GOOD, MICHAEL J	NAME	GOOD, MICHAEL	STREET ADDRESS	1020 EDMISTON PLACE	STREET ADDRESS	1885 W. LAKE MARY	CITY-ST-ZIP	LONGWOOD, FL 32750	CITY-ST-ZIP	LAKE MARY, FL 32146	TITLE	T <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME	TYE, ARTHUR D	NAME		STREET ADDRESS	22948 WOLF BRANCH ROAD	STREET ADDRESS		CITY-ST-ZIP	SORRENTO, FL 32776	CITY-ST-ZIP		TITLE	ST <input type="checkbox"/> Delete	TITLE	ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	HAMMOCK, JAMES W	NAME	James W. HAMMOCK	STREET ADDRESS	5089 THE OAKS CIRCLE	STREET ADDRESS	115 Lillie Pond Point	CITY-ST-ZIP	ORLANDO, FL 32809	CITY-ST-ZIP	CHULUOTA, FL 32766	TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP		TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																																																																																							
TITLE	P DALE, LARRY A <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>																																																																																																						
NAME	DALE, LARRY A	NAME																																																																																																							
STREET ADDRESS	3400 CELERY AVENUE	STREET ADDRESS																																																																																																							
CITY-ST-ZIP	SANFORD, FL 32771	CITY-ST-ZIP																																																																																																							
TITLE	VP <input type="checkbox"/> Delete	TITLE	V.P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																						
NAME	GOOD, MICHAEL J	NAME	GOOD, MICHAEL																																																																																																						
STREET ADDRESS	1020 EDMISTON PLACE	STREET ADDRESS	1885 W. LAKE MARY																																																																																																						
CITY-ST-ZIP	LONGWOOD, FL 32750	CITY-ST-ZIP	LAKE MARY, FL 32146																																																																																																						
TITLE	T <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>																																																																																																						
NAME	TYE, ARTHUR D	NAME																																																																																																							
STREET ADDRESS	22948 WOLF BRANCH ROAD	STREET ADDRESS																																																																																																							
CITY-ST-ZIP	SORRENTO, FL 32776	CITY-ST-ZIP																																																																																																							
TITLE	ST <input type="checkbox"/> Delete	TITLE	ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																						
NAME	HAMMOCK, JAMES W	NAME	James W. HAMMOCK																																																																																																						
STREET ADDRESS	5089 THE OAKS CIRCLE	STREET ADDRESS	115 Lillie Pond Point																																																																																																						
CITY-ST-ZIP	ORLANDO, FL 32809	CITY-ST-ZIP	CHULUOTA, FL 32766																																																																																																						
TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>																																																																																																						
NAME		NAME																																																																																																							
STREET ADDRESS		STREET ADDRESS																																																																																																							
CITY-ST-ZIP		CITY-ST-ZIP																																																																																																							
TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>																																																																																																						
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)(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 report as required by Chapter 607, 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																									
Date 1/8/04 Daytime Phone # 407-714-4600																																																																																																									