2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000019776

1. Entity Name
SEMINOLE COUNTY WILDLIFE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3400 CELERY AVENUE SANFORD, FL 32771	P.O. BOX 150 LONGWOOD, FL 32752-0150

02212006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3229883
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DALE, LARRY A
3400 CELERY AVENUE
SANFORD, FL 32771

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DALE, LARRY A
STREET ADDRESS	3400 CELERY AVENUE
CITY-ST-ZIP	SANFORD, FL 32771
TITLE	VP
NAME	GOOD, MICHAEL J
STREET ADDRESS	1865 W. LAKE MARY
CITY-ST-ZIP	LAKE MARY, FL 32246
TITLE	T
NAME	TYE, ARTHUR D
STREET ADDRESS	22948 WOLF BRANCH ROAD
CITY-ST-ZIP	SORRENTO, FL 32776
TITLE	ST
NAME	HAMMOCK, JAMES W
STREET ADDRESS	115 LILLIE POND POINT
CITY-ST-ZIP	CHULUOTA, FL 32766
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/09/06-80079-023 150.00

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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 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: James W. Hammock James W. Hammock 2-20-06 407-716-6531
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

SEC/Treasurer