

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2008 08:00 AM
Secretary of State

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**



01162008 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**

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000790286
01/23/08-80024-019 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DALE, LARRY A 3400 CELERY AVENUE SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GOOD, MICHAEL J 1885 W. LAKE MARY LAKE MARY, FL 32246
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TYE, ARTHUR D 22948 WOLF BRANCH ROAD SORRENTO, FL 32776
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HAMMOCK, JAMES W 115 LILLIE POND POINT CHULUOTA, FL 32766
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 ST** 1-16-08 407-716-6535

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #