

1.) CORPORATION NAME:

THE NATIONAL WILD TURKEY FEDERATION, INC.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.
AUTH IN VI
NATIONAL REGISTERED AGENTS INC
4001 North Ninth Street, Suite 227
ARLINGTON, VA 22203**

DUE DATE: **3/31/2011**

SCC ID NO: **01446467**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:
ARLINGTON COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:
VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 770 AUGUSTA RD, PO BOX 530

CITY/ST/ZIP: EDGEFIELD, SC 29824-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: JIM HINKLE
TITLE: PRESIDENT
ADDRESS: 121 E MAIN ST
CITY/ST/ZIP/CO: MOUNTAIN VIEW, AR 72560-

OFFICER

DIRECTOR

NAME: VINCENT ROSDAHL
TITLE: TREASURER
ADDRESS: 1668 SAINT DAVID DR
CITY/ST/ZIP/CO: DANVILLE, CA 94526-

OFFICER

DIRECTOR

NAME: PEGGY ANNE VALLERY
TITLE: COB
ADDRESS: 7940 M TUSCANY DR
CITY/ST/ZIP/CO: TUCSON, AZ 85742-

OFFICER

DIRECTOR

NAME: MR GEORGE THORNTON
TITLE: CEO
ADDRESS: 770 AUGUSTA ROAD
CITY/ST/ZIP/CO: EDGEFIELD, SC 29824-

OFFICER

DIRECTOR

NAME: JERRY D PEAK
TITLE: DIRECTOR
ADDRESS: 1003 BROAD ST
CITY/ST/ZIP/CO: SELMA, AL 36701-

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES SPARKS CFO 770 AUGUSTA ROAD EDGEFIELD, SC 29824-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SAM MARS, III VICE PRESIDENT PO BOX 140 HARROGATE, TN 37752-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVE MAHLKE SECRETARY 2367 MARIA ROAD WINONA, MN 55987-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	FRANK COBLE DIRECTOR 2828 S MACARTHUR BLVD SPRINGFIELD, IL 62704-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GENE DENTON DIRECTOR 2809 CR #3341 CLARKSVILLE, AR 72830-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT DETTMER, MD DIRECTOR PO BOX 307 IRONTON, MO 63650-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MIKE EVANS DIRECTOR PO BOX 838 ATOKA, OK 74525-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	EARL FRY DIRECTOR 1536 PRIVATE RD #3952 WILLOW WOOD, OH 45696-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARVIN HARTLEY DIRECTOR 2701 BISHOP ESTATES RD JACKSONVILLE, FL 32259-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT HIGGINBOTHAM DIRECTOR 135 MCCULLOUGH RD LOUISVILLE, MS 39339-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: WILLIAM E C MARVIN TITLE: DIRECTOR ADDRESS: 2102 TRECOTT DR CITY/ST/ZIP/CO: TALLAHASSEE, FL 32312-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: VERN ROSS TITLE: DIRECTOR ADDRESS: 204 N 32ND ST CITY/ST/ZIP/CO: CAMP HILL, PA 17011-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: PARKS SHACKELFORD TITLE: DIRECTOR ADDRESS: 3001 N MONROE ST CITY/ST/ZIP/CO: ARLINGTON, VA 22207-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: HARLAN STARR TITLE: DIRECTOR ADDRESS: 2685 COUNTY RD 92 CITY/ST/ZIP/CO: CEDAR BLUFF, AL 35959-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: A LOUIS YOUNT TITLE: DIRECTOR ADDRESS: 409 W RICHARDSON CIR CITY/ST/ZIP/CO: HARTSVILLE, SC 29550-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ JAMES SPARKS _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JAMES SPARKS, CFO _____ PRINTED NAME AND CORPORATE TITLE	3/30/2011 DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		