

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738599

FILED
Jan 06, 2009
Secretary of State

Entity Name: UNIFIED SPORTSMEN OF FLORIDA, INC.

Current Principal Place of Business:

110-A SOUTH MONROE ST
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1387
TALLAHASSEE, FL 32302 US

New Mailing Address:

FEI Number: 59-1725104 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SORENSEN, H. T.
135 BELMONT ROAD
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: PATRONIS, JOHN,
Address: RT 3, BOX 456
City-St-Zip: HAVANA, FL 32333

Title: D () Delete
Name: SCHROEDER, CHERRY,
Address: 2332 TREE RIDGE LANE
City-St-Zip: ORLANDO, FL

Title: D () Delete
Name: MENDIOLA, RUBEN,
Address: 8950 N.W. 27 STREET
City-St-Zip: MIAMI, FL 33172

Title: ST () Delete
Name: SORENSEN, HANK,
Address: 135 BELMONT ROAD
City-St-Zip: TALLAHASSEE, FL

Title: P () Delete
Name: RUBIN, GLEN
Address: 11725 SW MEADOWLARK CIR
City-St-Zip: STUART, FL 34997

Title: ED () Delete
Name: HAMMER, MARION P.
Address: 110-A S. MONROE STREET
City-St-Zip: TALLAHASSEE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARION P. HAMMER

ED

01/06/2009

Electronic Signature of Signing Officer or Director

_____ Date