

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740849

FILED
Apr 07, 2008
Secretary of State

Entity Name: FLORIDA OUTDOOR WRITERS ASSOCIATION, INC.

Current Principal Place of Business:

24 NW 33 COURT
SUITE A
GAINESVILLE, FL 32607 US

New Principal Place of Business:

Current Mailing Address:

24 NW 33 COURT
SUITE A
GAINESVILLE, FL 32607 US

New Mailing Address:

FEI Number: 59-2190309 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMPSON, TOMMY
24 NW 33 COURT
SUITE A
GAINESVILLE, FL 32607 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: EDC () Delete
Name: THOMPSON, TOMMY
Address: 24 NW 33 COURT, SUITE A
City-St-Zip: GIANESVILLE, FL 32607 US

Title: P () Delete
Name: KUMISKI, JOHN
Address: 284 CLEARVIEW ROAD
City-St-Zip: CHULUATA, FL 32766 US

Title: 1VP () Delete
Name: BRADEN, KELLY
Address: 1451 SANDY LANE
City-St-Zip: CLEARWATER, FL 33755 US

Title: 2VP () Delete
Name: LYNN, LORETTA
Address: 1233 CASTLEPORT ROAD
City-St-Zip: WINTER GARDEN, FL 34787 US

Title: S () Delete
Name: ARRINGTON, ED
Address: P.O. BOX 1976
City-St-Zip: ALACHUA, FL 32616 US

Title: T () Delete
Name: MORELLO, FRANK
Address: P.O. BOX 1447
City-St-Zip: CRAWFORDVILLE, FL 32326 US

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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City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: TOMMY THOMPSON

EDC

04/07/2008

Electronic Signature of Signing Officer or Director

_____ Date