

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003685

FILED
Apr 23, 2008
Secretary of State

Entity Name: FLORIDA STATE FIDDLERS ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 713
MICANOPY, FL 32667

New Principal Place of Business:

104 EESTAULULKEE ST.
MICANOPY, FL 32667

Current Mailing Address:

P.O. BOX 713
MICANOPY, FL 32667

New Mailing Address:

FLORIDA STATE FIDDLERS ASSOCIATION, INC.
P.O. BOX 713
MICANOPY, FL 32667

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STALEY, TOM
104 EESTAULKEE STREET
MICANOPY, FL 32667 US

Name and Address of New Registered Agent:

GREEN, LESLIE
1929 N.E. 8TH STREET
GAINESVILLE, FL 32609 US

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: LESLIE GREEN

04/23/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: STALEY, TOM
Address: 104 EESTAULKEE ST
City-St-Zip: MICANOPY, FL 32667

Title: VP () Delete
Name: BLECH, KERRY
Address: 211 NW 19TH LN
City-St-Zip: GAINESVILLE, FL 32609

Title: T () Delete
Name: HOGAN, TOM
Address: 459 SE 57TH CT 120
City-St-Zip: TRENTON, FL 32693

Title: S () Delete
Name: TALUGA, KATE
Address: 200 LA CAMILLA
City-St-Zip: QUINCY, FL 32351

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: GREEN, LESLIE
Address: 1929 N.E. 8TH STREET
City-St-Zip: GAINESVILLE, FL 32609

Title: VP (X) Change () Addition
Name: TALUGA, KATE
Address: 200 LA CAMILLA
City-St-Zip: QUINCY, FL 32351

Title: TREA (X) Change () Addition
Name: BAIRD, FAY
Address: 104 EESTAULKEE ST
City-St-Zip: MICANOPY, FL 32667

Title: SEC (X) Change () Addition
Name: CATCHES, JOHN
Address: 26904 N.W. 193RD AVE.
City-St-Zip: HIGH SPRINGS, FL 32643

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: LESLIE GREEN

PRES

04/23/2008

Electronic Signature of Signing Officer or Director

Date