

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008328

FILED
Aug 31, 2008
Secretary of State

Entity Name: ACTION SPORTS FOUNDATION INC.

Current Principal Place of Business:

505 S. WESTLAND AVE.
APT. C
TAMPA, FL 33606

New Principal Place of Business:

451 PARK ST N
ST PETERSBURG, FL 33710

Current Mailing Address:

505 S. WESTLAND AVE.
APT. C
TAMPA, FL 33606

New Mailing Address:

451 PARK ST N
ST PETERSBURG, FL 33710

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SADLER, STEVEN A
505 S. WESTLAND AVE.
APT. C
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

SADLER, STEVEN A
451 PARK ST N
ST PETERSBURG, FL 33710 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:

08/31/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SADLER, STEVEN A
Address: 505 S. WESTLAND AVE. APT. C
City-St-Zip: TAMPA, FL 33606

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BLACKBURN, CATHERINE
Address: 6144 9TH AVE S
City-St-Zip: GULFPORT, FL 33707

Title: D () Change (X) Addition
Name: MATREALE, SUSAN
Address: 451 PARK ST N
City-St-Zip: ST PETERSBURG, FL 33710

Title: D () Change (X) Addition
Name: BROOKS, MAIDA
Address: PO BOX 16835
City-St-Zip: ST PETERSBURG, FL 33733

Title: D () Change (X) Addition
Name: OLSEN, SHANNA
Address: 2291 SATURN RD
City-St-Zip: BROOKSVILLE, FL 33604

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: M BROOKS

D

08/31/2008

Electronic Signature of Signing Officer or Director

Date