

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008328

FILED  
Apr 06, 2009  
Secretary of State

Entity Name: ACTION SPORTS FOUNDATION INC.

**Current Principal Place of Business:**

451 PARK ST N  
ST PETERSBURG, FL 33710

**New Principal Place of Business:**

**Current Mailing Address:**

451 PARK ST N  
ST PETERSBURG, FL 33710

**New Mailing Address:**

FEI Number: 26-3271229      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SADLER, STEVEN A  
451 PARK ST N  
ST PETERSBURG, FL 33710      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: D      ( ) Delete  
Name: BLACKBURN, CATHERINE  
Address: 6144 9TH AVE S  
City-St-Zip: GULFPORT, FL 33707

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

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

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

**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  
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: M. BROOKS

DIR

04/06/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date