

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 04, 2007  
Secretary of State**

DOCUMENT# N40213

Entity Name: FLORIDA DISABLED OUTDOORS ASSOCIATION, INC.

**Current Principal Place of Business:**

2213 TALLAHASSEE DRIVE  
TALLAHASSEE, FL 32309 US

**New Principal Place of Business:**

**Current Mailing Address:**

2213 TALLAHASSEE DRIVE  
TALLAHASSEE, FL 32309 US

**New Mailing Address:**

FEI Number: 59-3051552      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

DAVID C. JONES  
2213 TALLAHASSEE DRIVE  
TALLAHASSEE, FL 32309 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: DP ( ) Delete  
Name: JONES, DAVID C.,  
Address: 2213 TALLAHASSEE DRIVE  
City-St-Zip: TALLAHASSEE, FL 32309 US

Title: DV ( ) Delete  
Name: RAY, RACHAEL,  
Address: 1675 RIGGINS ROAD  
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: DST ( ) Delete  
Name: CUNNINGHAM, CLINT,  
Address: 7024 LAKE BASIN  
City-St-Zip: TALLAHASSEE, FL 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:

I hereby certify that the information supplied with this filing does not qualify for the 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: DAVID C. JONES

DP

01/04/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date