

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40213

FILED
Feb 20, 2008
Secretary of State

Entity Name: FLORIDA DISABLED OUTDOORS ASSOCIATION, INC.

Current Principal Place of Business:

2213 TALLAHASSEE DRIVE
TALLAHASSEE, FL 32309 US

New Principal Place of Business:

2475 APALACHEE PARKWAY
SUITE 205
TALLAHASSEE, FL 32301 US

Current Mailing Address:

2213 TALLAHASSEE DRIVE
TALLAHASSEE, FL 32309 US

New Mailing Address:

2475 APALACHEE PARKWAY
SUITE 205
TALLAHASSEE, FL 32301 US

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 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

PRES

02/20/2008

Electronic Signature of Signing Officer or Director

_____ Date