

**2014 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000002578

**Entity Name:** UNITED STATES JUDO ASSOCIATION, INC.**Current Principal Place of Business:**57 CITRUS DR.  
PALM HARBOR, FL 34684-1208**Current Mailing Address:**PO BOX 1880  
TARPON SPRINGS, FL 34688**FEI Number: 72-0629934****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title EXECUTIVE DIRECTOR  
Name LUCADAMO, KATRINA R  
Address PO BOX 1880  
City-State-Zip: TARPON SPRINGS FL 34688

Title P  
Name GOLTZ, GARY S  
Address 2233 N. CAMPUS AVE  
City-State-Zip: UPLAND CA 91784

Title V  
Name COHEN, MARC  
Address 686 LINCOLN ST  
City-State-Zip: BALDWIN NY 11510

Title S  
Name CONNELLY, ANDREW  
Address P.O. BOX 7668  
City-State-Zip: SPRING TX 77387

Title T  
Name PACCIONE, JOHN  
Address 916 SW 18TH ST  
City-State-Zip: CAPE CORAL FL 33991

Title BOARD MEMBER  
Name BOLLINGER, H.C.  
Address 5951 BETTS RD  
City-State-Zip: GOODLETTSVILLE TN 37072

Title BOARD MEMBER  
Name FERGUS, DEB  
Address 2006 WICKWIRE RD  
City-State-Zip: BENTON HARBOR MI 49022

Title BOARD MEMBER  
Name HOLTZE, MICHELLE  
Address 4200 WILLISTON RD  
City-State-Zip: MINNETONKA MN 55345

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE: KATRINA R LUCADAMO****EXECUTIVE DIRECTOR****04/21/2014**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

|                 |                         |
|-----------------|-------------------------|
| Title           | LEGAL COUNSEL           |
| Name            | GOLDSMITH, MIKE         |
| Address         | 10342 LEFFERTS BLVD     |
| City-State-Zip: | RICHMOND HILLS NY 11419 |