

**2015 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000002578

**Entity Name:** UNITED STATES JUDO ASSOCIATION, INC.**Current Principal Place of Business:**433 E. TARPON AVE.  
TARPON SPRINGS, FL 34689**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            PRESIDENT  
Name            GOLTZ, GARY S  
Address        2233 N. CAMPUS AVE  
City-State-Zip: UPLAND CA 91784

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

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

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

Title            SECRETARY  
Name            GOODWIN, DAVE  
Address        259 HILLSIDE TERRACE  
City-State-Zip: STATEN ISLAND NY 10308

Title            BOARD MEMBER  
Name            MONEY, BRIAN  
Address        6475 VICKERS RD.  
City-State-Zip: RIVERSIDE CA 92504

*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: GARY S. GOLTZ****PRESIDENT****02/23/2015**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date