

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709194

FILED  
Jul 10, 2009  
Secretary of State

**Entity Name:** THE FLORIDA STATE FOXHUNTERS ASSOCIATION, INC.

**Current Principal Place of Business:**

20750 E LEVY ST  
WILLISTON, FL 32696 US

**New Principal Place of Business:**

**Current Mailing Address:**

20750 E LEVY ST  
WILLISTON, FL 32696 US

**New Mailing Address:**

**FEI Number:** 59-2366073 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

CASON, JIM  
20750 E LEVY ST  
WILLISTON, FL 32696 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: DS ( ) Delete  
Name: MALPHURS, PAT  
Address: 17216 NW 262ND AVE  
City-St-Zip: ALACHUA, FL 32615

Title: DT ( ) Delete  
Name: CASON, JIM  
Address: 20750 E. LEVY ST.  
City-St-Zip: WILLISTON, FL 32696

Title: DS ( ) Delete  
Name: BAILLIE, SHERRI  
Address: PO BOX 1304  
City-St-Zip: NEW PORT RICHEY, FL 34656

Title: PD ( ) Delete  
Name: CASON, JABE  
Address: 1021 SE 8TH ST  
City-St-Zip: WILLISTON, FL 32696

Title: D ( ) Delete  
Name: MIDDLETON, DALE  
Address: PO BOX 271  
City-St-Zip: SEVILLE, FL 32190

**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:

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: PAT MALPHURS

DS

07/10/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date