


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2008 08:00 A
Secretary of State

DOCUMENT # 710171 1. Entity Name CHANTICLEER ASSOCIATION, INC.	
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Principal Place of Business 11621 CHANTICLEER DRIVE PENSACOLA, FL 32507	Mailing Address 11621 CHANTICLEER DRIVE PENSACOLA, FL 32507
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DO NOT WRITE IN THIS SPACE



04052008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1735995	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MCLEANDON, ROBERT TREASUR
11621 CHANTICLEER DR.
PENSACOLA, FL 32507

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COVAN, JAMIE PRES 11639 CHANTICLEER DRIVE PENSACOLA, FL 32507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD EVANS, CURTIS VPRES 11610 CHANTICLEER DR PENSACOLA, FL 32507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MC GRATH, MICHAEL 11617 CHANTICLEER DR PENSACOLA, FL 32507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCLEANDON, ROBERT TREAS 11621 CHANTICLEER DR. PENSACOLA, FL 32507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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04/22/08-80082-005 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:  **4/7/08 850-492-9253**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #