

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90007 025 ****61.25



DOCUMENT # 712166
 1. Entity Name
AFRICAN SAFARI CLUB OF FLORIDA, INC.

Principal Place of Business
6550 N. FEDERAL HWY. #220 # 330 FT LAUDERDALE, FL 33308

Mailing Address
6550 N. FEDERAL HWY. #220 # 330 FT LAUDERDALE, FL 33308



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

03282005 Chg-NP CR2E037 (10/03)

City & State

Zip Country

4. FEI Number
59-1350762

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HEINRICH, EUGENEL
500 E BROWARD BLVD, 10TH FLOOR
FT. LAUDREDALE, FL 33394

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> Delete
NAME	LITTLE, MIKE	
STREET ADDRESS	7901 SW 6TH CT	
CITY-ST-ZIP	PLANTATION, FL 33317	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	LITTLE, MIKE	
STREET ADDRESS	7901 SW 6TH CT	
CITY-ST-ZIP	PLANTATION, FL 33324	
TITLE	T	<input type="checkbox"/> Delete
NAME	SAWYER, THOMAS R II	
STREET ADDRESS	6550 N FEDERAL HWY #330	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308	
TITLE	D	<input type="checkbox"/> Delete
NAME	COAN, JOHN	
STREET ADDRESS	317 BAYBELLY DR.	
CITY-ST-ZIP	PLANTATION, FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	TUPPIN, RON	
STREET ADDRESS	12404 COLON ROW	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURTON, ROB	
STREET ADDRESS	5247 N.W. 110 AVE.	
CITY-ST-ZIP	CORAL SRPINGS, FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEVIN LEONARD	
STREET ADDRESS	8646 BANYAN PL	
CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Thomas R. Sawyer* **Thomas R. Sawyer, Treasurer** **3-28-05** **954-491-7233**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #