2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State
01-25-2007 90041 005 ****61.25

DOCUMENT # 728872

1. Entity Name
THE MASTERS FIRST ASSOCIATION, INC.

Principal Place of Business	Mailing Address
116 FAIRWAY CT LAKE PLACID, FL 33852 US	116 FAIRWAY CT LAKE PLACID, FL 33852 US

01132007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
122 FAIRWAY COURT	122 FAIRWAY COURT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LAKE PLACID FL	City & State: LAKE PLACID, FL
Zip: 33852 Country: USA	Zip: 33852 Country: U.S.A.

4. FEI Number 59-1839917 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BARNES, ROGER 116 FAIRWAY CT LAKE PLACID, FL 33852	Name: DORIS RASH Street Address (P.O. Box Number is Not Acceptable): 122 FAIRWAY COURT City: LAKE PLACID FL Zip Code: 33852

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

Filing Fee is $61.25
Due by May 1, 2007

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PAPPALARDO, ANTHONY 120 FAIRWAY CT LAKE PLACID, FL 33852	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD STEPHEN BURDICK 118 FAIRWAY COURT LAKE PLACID, FL 33852 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ARCHAMBAULT, LINDA 21 SHORELINE DR BOX 561 BRACEBRIDGE,ONTARIO, CANADA,	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BASTIEN, LEONARD C 1201 W. 3RD ST. CONNERSVILLE, IN	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LOUIS WARK 48 OAK SILK ST. LAKE PLACID, FL ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BARNES, ROGER 116 FAIRWAY CT LAKE PLACID, FL 33852	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DORIS RASH 122 FAIRWAY COURT LAKE PLACID, FL 33852 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PAPPALARDO; CAROLYN 120 FAIRWAY CT LAKE PLACID, FL 33852	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STEPHEN ELLIOTT 112 FAIRWAY COURT LAKE PLACID, FL 33852 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: DORIS RASH Doris Rash 1/22/07 863/465-9207
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #