

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

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # 728872

1. Entity Name
THE MASTERS FIRST ASSOCIATION, INC.



Principal Place of Business
**122 FAIRWAY COURT
LAKE PLACID, FL 33852 US**

Mailing Address
**122 FAIRWAY COURT
LAKE PLACID, FL 33852 US**



01252008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1839917	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

**DORIS, RASH
122 FAIRWAY COURT
LAKE PLACID, FL 33852**

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reissuing)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

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

000000807378
02/07/08-80006-013 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BURDICK, STEPHEN 118 FAIRWAY COURT LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ARCHAMBAULT, LINDA 21 SHORELINE DR BOX 581 BRACEBRIDGE, ONTARIO, CANADA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WERK, LOUIS 48 OAK SILK LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RASH, DORIS 122 FAIRWAY COURT LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELLIOTT, STEPHEN 112 FAIRWAY COURT LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Doris Rash **DORIS RASH** 1-25-08 863/465-9207