2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2009
Secretary of State

DOCUMENT# 739049

Entity Name: FLORIDA ARCHERY ASSOCIATION INC.

Current Principal Place of Business:

1710 SW 76 TERR
GAINESVILLE, FL 326073418 US

New Principal Place of Business:

Current Mailing Address:

1710 SW 76 TERR
GAINESVILLE, FL 326073418 US

New Mailing Address:

FEI Number: 59-1485174 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

AUSTIN, TIMOTHY O
1710 SW 76 TERR
GAINESVILLE, FL 32607 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:	VD	( ) Delete
Name:	PETTITT, JAMES H.	
Address:	10814 FILLMORE AVE	
City-St-Zip:	PORT RICHEY, FL 34668	
Title:	PD	( ) Delete
Name:	JONES, ROBERT A	
Address:	1547 N FOXBORO LOOP	
City-St-Zip:	CRYSTAL RIVER, FL 344297675	
Title:	VD	( ) Delete
Name:	CAHILL, SEAN P	
Address:	329 SEASONS CT	
City-St-Zip:	APOPKA, FL 327123545	
Title:	VD	( ) Delete
Name:	LAUDICINA, JOHN G	
Address:	1789 NW 21 TERR	
City-St-Zip:	MIAMI, FL 33146 DA	
Title:	STD	( ) Delete
Name:	AUSTIN, TIMOTHY O,	
Address:	1710 SW 76 TERR	
City-St-Zip:	GAINESVILLE, FL 32607 AL	
Title:	VD	( ) Delete
Name:	AUSTIN, OLIVER L III	
Address:	P.O BOX 907 N/A	
City-St-Zip:	TALLAHASSEE, FL 32317 LE	

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:	
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: TIMOTHY O. AUSTIN STD 03/28/2009
Electronic Signature of Signing Officer or Director — Date