

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000001103

FILED
Apr 28, 2007
Secretary of State

Entity Name: AMERICAN CANOE ASSOCIATION, INC.

Current Principal Place of Business:

7432 ALBAN STATION BLVD.
SUITE B-232
SPRINGFIELD, VA 22150

New Principal Place of Business:

Current Mailing Address:

7432 ALBAN STATION BLVD.
SUITE B-232
SPRINGFIELD, VA 22150

New Mailing Address:

FEI Number: 84-0619411

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET, STE #105
TALLAHASSEE, FL 32301 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: PD () Delete
Name: HAVENS, KIRK
Address: 1095 CHERRY ROW ROAD
City-St-Zip: PLAINVIEW, VA 23156

Title: VPD () Delete
Name: DIOONE-DICKSON, JEFF
Address: PO BOX 838
City-St-Zip: SARANAC LAKE, NY 12983

Title: TD () Delete
Name: PULLIAM, JOSEPH
Address: 45 WEDGEWOOD DRIVE
City-St-Zip: GREENVILLE, SC 29609

Title: ATD () Delete
Name: DILLON, PAMELA S
Address: 9610 HEATHER GREEN DRIVE
City-St-Zip: MANASSAS, VA 21012

Title: SD () Delete
Name: CAROTHERS, PATTI
Address: 26322 INTERSTATE 45
City-St-Zip: THE WOODLANDS, TX 77386

Title: D () Delete
Name: BLACKWOOD, CONNIE
Address: 4620 N. PARK AVE. #1103
City-St-Zip: CHEVY CHASE, MD 20815

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

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Address:
City-St-Zip:

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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: PAMELA S. DILLON

ATD

04/28/2007

Electronic Signature of Signing Officer or Director

Date