

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000000054

FILED  
Mar 31, 2006  
Secretary of State

**Entity Name:** AMATEUR ATHLETIC UNION OF THE UNITED STATES, INC.

**Current Principal Place of Business:**

PO BOX 10000  
LAKE BUENA VISTA, FL 328301000

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 10000  
LAKE BUENA VISTA, FL 328301000

**New Mailing Address:**

**FEI Number:** 35-6057862

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DODD, BOBBY  
1910 HOTEL PLAZA BLVD  
LAKE BUENA VISTA, FL 32830 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: DODD, BOBBY  
Address: 4921 WINCHESTER RD  
City-St-Zip: MEMPHIS, TN 38118

Title: VD ( ) Delete  
Name: TOOKE, WILLIAM COL  
Address: 106 BEECHWOOD  
City-St-Zip: UNIVERSAL CITY, TX

Title: SD ( ) Delete  
Name: GOUDY, ROGER  
Address: 31425 ARTHUR RD.  
City-St-Zip: SOLON, OH

Title: TD ( ) Delete  
Name: CRAWFORD, RON  
Address: 115 CARNAHAN STE 2  
City-St-Zip: MAUMELLE, AR 72113

Title: VD ( ) Delete  
Name: STOUT, LOUIS  
Address: 2828 DAN PATCH  
City-St-Zip: LEXINGTON, KY 40511

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT DODD

PD

03/31/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date