2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# N00000003694

Entity Name: FLORIDA DELEGATION FOR GAMEBIRD BREEDERS, INC.

Current Principal Place of Business:

12180 HWY 98 N
LAKELAND, FL 33809

New Principal Place of Business:

Current Mailing Address:

PO BOX 90245
LAKELAND, FL 338040245

New Mailing Address:

FEI Number: 59-3703252 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOBLE, ARNOLD V
12180 HWY 98 N
LAKELAND, FL 33809 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: P ( ) Delete
Name: GOBLE, VERBON
Address: 12180 HWY 98 N
City-St-Zip: LAKELAND, FL 33809

Title: S ( ) Delete
Name: GOBLE, BARB
Address: 12180 HWY 98 N
City-St-Zip: LAKELAND, FL 33809

Title: D ( ) Delete
Name: LANIER, RICHARD
Address: 4329 NW 47TH PL
City-St-Zip: BELL, FL 32619

Title: D ( ) Delete
Name: SULLIVAN, CONNIE M
Address: 2829 DENNIS HOWELL RD
City-St-Zip: PERRY, FL 32348

Title: D ( ) Delete
Name: HILGERSON, TRACY
Address: RT 1, BOX 159 F10
City-St-Zip: LAKE CITY, FL 32055

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 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: VERBON GOBLE P 04/30/2008

Electronic Signature of Signing Officer or Director — Date