

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002316

FILED
Apr 30, 2008
Secretary of State

Entity Name: UNITED WATERFOWLERS--FLORIDA, INC.

Current Principal Place of Business:

2802 SW FLUVIA ST
PORT SAINT LUCIE, FL 34953

New Principal Place of Business:

Current Mailing Address:

9611 N. US HWY 1
#337
SEBASTIAN, FL 32958

New Mailing Address:

FEI Number: 59-3714172 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LITHGOW, DAVID J
2802 SW FLUVIA ST
PORT SAINT LUCIE, FL 34953 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: TD () Delete
Name: RICHTER, JOSEPH
Address: 907 BLOSSOM DRIVE
City-St-Zip: SEBASTIAN, FL 32958

Title: PD () Delete
Name: COOK, NEWTON
Address: 45 POPLAR ROAD
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: SD () Delete
Name: LITHGOW, DAVID
Address: 2802 SW FLUVIA ST
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: D () Delete
Name: BLOOMQUIST, RONALD
Address: 882 SPIREA DRIVE
City-St-Zip: ROCKLEDGE, FL 32955

Title: D () Delete
Name: SIMPSON, STEVE
Address: 6019 IRBY LANE
City-St-Zip: LAKELAND, FL 33811

Title: D () Delete
Name: URQUIA, ALEX
Address: 14535 SW 148TH COURT
City-St-Zip: MIAMI, FL 33196

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPTD (X) Change () Addition
Name: RICHTER, JOSEPH
Address: 907 BLOSSOM DRIVE
City-St-Zip: SEBASTIAN, FL 32958

Title: D (X) Change () Addition
Name: COOK, NEWTON
Address: 45 POPLAR ROAD
City-St-Zip: TEQUESTA, FL 33469

Title: PD (X) Change () Addition
Name: LITHGOW, DAVID
Address: 2802 SW FLUVIA ST
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: VPSD (X) Change () Addition
Name: HITCHCOCK, JOHN
Address: 107 KREFELD RD NW
City-St-Zip: PALM BAY, FL 32907

Title: D (X) Change () Addition
Name: HALL, KEVIN
Address: PO BOX 953
City-St-Zip: DELEON, FL 32130 03

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: DAVID J LITHGOW

PD

04/30/2008

Electronic Signature of Signing Officer or Director

Date