

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004471

FILED
Apr 28, 2009
Secretary of State

Entity Name: THE FEDERATED SPORTS & AFFILIATES, INC.

Current Principal Place of Business:

8100 BROOMES RD
CENTURY, FL 32535

New Principal Place of Business:

Current Mailing Address:

PO BOX 114
CANTONMENT, FL 32533

New Mailing Address:

PO BOX 411
CANTONMENT, FL 32533

FEI Number: 59-3758366

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BYRD, RAYMOND F
2496 HANDY ROAD
CANTONMENT, FL 32533 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: D () Delete
Name: JONES, ROY JR
Address: 2410 FARRIS AVENUE
City-St-Zip: PENSACOLA, FL 32526

Title: PD () Delete
Name: BYRD, RAYMOND F
Address: 2496 HANDY ROAD
City-St-Zip: CANTONMENT, FL 32533

Title: D () Delete
Name: ADAMS, BILL
Address: 5549 LILAC AVE
City-St-Zip: MILTON, FL 32570

Title: D () Delete
Name: HOLBERT, KENNETH DR
Address: 6708 BEAUDRY LANE
City-St-Zip: MILTON, FL 32570

Title: ST () Delete
Name: HALLFORD, CAROL L
Address: 8100 BROOMES RD
City-St-Zip: CENTURY, FL 32535

Title: V () Delete
Name: HALLFORD, ROBBIE JR
Address: 8100 BROOMES ROAD
City-St-Zip: CENTURY, FL 32535

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: BYRD, RAYMOND F
Address: 2496 HANDY ROAD
City-St-Zip: CANTONMENT, FL 32533

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: P (X) Change () Addition
Name: HALLFORD, ROBBIE JR
Address: 8100 BROOMES ROAD
City-St-Zip: CENTURY, FL 32535

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: CAROL HALLFORD

ST

04/28/2009

Electronic Signature of Signing Officer or Director

Date