

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004986

FILED
Mar 05, 2009
Secretary of State

Entity Name: FLORIDA SPORTSMEN CONSERVATION ASSOCIATION, INC.

Current Principal Place of Business:

17685 VALENCIA BLVD
LOXAHATCHEE, FL 33470

New Principal Place of Business:

Current Mailing Address:

17685 VALENCIA BLVD
LOXAHATCHEE, FL 33470

New Mailing Address:

FEI Number: 65-0515685

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POWELL, R. MURRAY
17685 VALENCIA BLVD
LOXAHATCHEE, FL 33470 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: DOMBROSKI, MARK
Address: 4901 129TH. AVENUE NORTH
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: VPD () Delete
Name: MC WATTERS, TOM
Address: 1298 DREAM AVENUE
City-St-Zip: WEST PALM BEACH, FL 33406

Title: SD () Delete
Name: WRIGHT, CAROLL
Address: 15439 94TH. STREET NORTH
City-St-Zip: WEST PALM BEACH, FL 33412

Title: TD () Delete
Name: POWELL, MURRAY
Address: 17685 VALENCIA BLVD
City-St-Zip: LOXAHATCHEE, FL 33470

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change () Addition
Name: WOODY, DONNA
Address: 345 JENNINGS AVENUE
City-St-Zip: GREENACRES, FL 33463

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: MURRAY POWELL

TD

03/05/2009

Electronic Signature of Signing Officer or Director

Date