2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006867

FILED Apr 09, 2009 Secretary of State

Entity Name: NORTH AMERICAN LLEWELLIN BREEDERS ASSOCIATION, INC.

Current Principal Place of Business:		New Princ	New Principal Place of Business:	
3414 FOR WACO, TX	RESTER LANE (76708			
Current Mailing Address:		New Maili	New Mailing Address:	
3414 FOR WACO, TX	RESTER LANE (76708			
FEI Number	04-3739622 F	El Number Applied For()	FEI Number Not Appl	icable () Certificate of Status Desired ()
Name and	Address of Curr	ent Registered Agent:	Name and	Address of New Registered Agent:
7884 ODIS MACCLEN The above	····, ·	JS	urpose of changing it	ts registered office or registered agent, or both,
	-			
SIGNATUI	₹ E:			
SIGNATUI		ignature of Registered Age	nt	Date
SIGNATUI OFFICER:				Date S/CHANGES TO OFFICERS AND DIRECTORS
OFFICER: Title: Name: Address:	Electronic S	S:		
	Electronic S S AND DIRECTOR PD () Dele WILSON, CHUCK 3413 FORRESTER	te S M JR ENUE	ADDITION Title: Name: Address:	S/CHANGES TO OFFICERS AND DIRECTORS
OFFICER: Title: Name: Address: City-St-Zip: Title: Name: Address:	PD () Dele WILSON, CHUCK 3413 FORRESTER WACO, TX 76708 VD () Dele SHERROD, CHARLI 2213 EDWARDS AV	te ts M JR ENUE AL 35661 te ORE	ADDITION Title: Name: Address: City-St-Zip: Title: Name: Address:	S/CHANGES TO OFFICERS AND DIRECTORS () Change () Addition
OFFICER: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	Electronic S S AND DIRECTOR PD () Dele WILSON, CHUCK 3413 FORRESTER WACO, TX 76708 VD () Dele SHERROD, CHARLI 2213 EDWARDS AV MUSCLE SHOALS, STD () Dele MASSARO, SALVAT 310 COLTS NECK F	te SS M JR ENUE AL 35661 te ORE OAD 07727	ADDITION Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	S/CHANGES TO OFFICERS AND DIRECTORS () Change () Addition () Change () Addition STD (X) Change () Addition KEESEE, TONY R 4524 FOX RUN ROAD

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: TONY KEESEE STD 04/09/2009