

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009194

FILED
Mar 30, 2009
Secretary of State

Entity Name: USA KICKBOXING FEDERATION, INC.

Current Principal Place of Business:

1373 CRAWFORD DR
APOPKA, FL 32703

New Principal Place of Business:

Current Mailing Address:

1373 CRAWFORD DR
APOPKA, FL 32703

New Mailing Address:

72 WOODBURY DR
PALM COAST, FL 32164

FEI Number: 82-0574553

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BUTCHER, CYNTHIA J
1740 CYPRESS AVENUE
ORANGE CITY, FL 32763 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: RODRIGUES, DONALD CO-P
Address: 105 BUDLONG FARM RD
City-St-Zip: WARWICK, RI 02886

Title: VP () Delete
Name: ROFFEY, DAWN J CO-VP
Address: 72 WOODBURY DRIVE
City-St-Zip: PALM COAST, FL 32164

Title: P () Delete
Name: THOMAS, CALVIN CO-P
Address: 1373 CRAWFORD DR
City-St-Zip: APOPKA, FL 32703

Title: VP () Delete
Name: FESTA, THOMAS CO-VP
Address: 222 FAIRFIELD AVE
City-St-Zip: CARLISLE PLACE, NY 11514

Title: D () Delete
Name: ERVIN, THOMAS
Address: 8 GOLDEN GATE LANE
City-St-Zip: WILMINGTON, DE 19810

Title: () Delete
Name:
Address:
City-St-Zip:

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:

Title: D () Change (X) Addition
Name: COOPER, EMILY
Address: 2751 HENNEPIN AVENUE # 597
City-St-Zip: MINNEAPOLIS, MN 19810

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: DAWN ROFFEY

VP

03/30/2009

Electronic Signature of Signing Officer or Director

Date