2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004
Secretary of State

DOCUMENT# N03000001697

Entity Name: ALLIED SPORTSMEN'S ASSOCIATIONS OF FLORIDA, INC

Current Principal Place of Business:

215 S. MONROE ST.
STE. 420
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

215 S. MONROE ST.
STE. 420
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 03-0520578 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCKEITHEN, RUSSELL A
915 BLOXHAM CUTOFF
CRAWFORDVILLE, FL 32327 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: MARVIN, WILLIAM
Address: 2102 TRESCOTT DR
City-St-Zip: TALLAHASSEE, FL 32312

Title: D ( ) Delete
Name: MCKEITHEN, RUSTY
Address: 915 BLOXHAM CUTOFF
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D ( ) Delete
Name: POWELL, BARBARA J
Address: 22951 S.W. 190 AVE
City-St-Zip: MIAMI, FL 33170

Title: ED ( ) Delete
Name: STEPHENS, M. LANE
Address: 215 S. MONROE ST., STE. 420
City-St-Zip: TALLAHASSEE, FL 32301

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: M. LANE STEPHENS ED 02/02/2004

Electronic Signature of Signing Officer or Director — Date