

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001697

FILED  
Apr 01, 2005  
Secretary of State

**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 TRESPOTT 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

04/01/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date