

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 09, 2008 08:00 AM
Secretary of State

DOCUMENT # N03000001697

1. Entity Name
ALLIED SPORTSMEN'S ASSOCIATIONS OF FLORIDA,
INC



Principal Place of Business
501 E. TENNESSEE ST.
SUITE D
TALLAHASSEE, FL 32301

Mailing Address
501 E. TENNESSEE ST.
SUITE D
TALLAHASSEE, FL 32301



01072008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0520578

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCKEITHEN, RUSSELL A
915 BLOXHAM CUTOFF
CRAWFORDVILLE, FL 32327

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARVIN, WILLIAM 2102 TRESCOTT DR TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKEITHEN, RUSTY 915 BLOXHAM CUTOFF CRAWFORDVILLE, FL 32327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POWELL, BARBARA J 22951 S.W. 190 AVE MIAMI, FL 33170
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED STEPHENS, M. LANE 501 E. TENNESSEE ST., SUITE D TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREEN, LANE 13093 HENRY BEADEL DRIVE TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/09/08-80034-002 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-7-08

850-513-0004