

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007 08:00
Secretary of State

DOCUMENT # N03000002739

1. Entity Name
AMERICAN WOLFPACK FEDERATION, INC.



Principal Place of Business
**1600 HOPE ST.
INTERCESSION CITY, FL 33848**

Mailing Address
**P.O. BOX 302
INTERCESSION CITY, FL 33848**



02262007 No Chg-NP

CR2E037 (4/06)

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4. FEI Number
02-0690718

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MC FANN, ROBERT
1600 HOPE ST.
INTERCESSION CITY, FL 33848**

**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 Robert McFann - ROBERT MCFANN
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, 2007**

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
**P/D
MC FANN, ROBERT
1600 HOPE ST.
INTERCESSION CITY, FL 33848**

TITLE
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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: Robert McFann - ROBERT MCFANN **3-25-07-407-933-5627**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #