

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002739

FILED  
May 16, 2009  
Secretary of State

**Entity Name:** AMERICAN WOLFPACK FEDERATION, INC.

**Current Principal Place of Business:**

1600 HOPE ST.  
INTERCESSION CITY, FL 33848

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 302  
INTERCESSION CITY, FL 33848

**New Mailing Address:**

FEI Number: 02-0690718      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

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

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/D      ( ) Delete  
Name: MC FANN, ROBERT  
Address: 1600 HOPE ST.  
City-St-Zip: INTERCESSION CITY, FL 33848

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ROBERT MCFANN

PRES

05/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date