

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004788

FILED  
Apr 30, 2007  
Secretary of State

Entity Name: FLORIDA QUIZZING ASSOCIATION, INC.

**Current Principal Place of Business:**

415 LOCHMOND DRIVE  
FERN PARK, FL 32730

**New Principal Place of Business:**

**Current Mailing Address:**

415 LOCHMOND DRIVE  
FERN PARK, FL 32730

**New Mailing Address:**

FEI Number: 55-0868807

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WEST, MATTHEW  
415 LOCHMOND DR  
FERN PARK, FL 32730 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: WEST, MATTHEW  
Address: 415 LOCHMOND DR  
City-St-Zip: FERN PARK, FL 32730

Title: D ( ) Delete  
Name: DOUGLAS, DAVID  
Address: 998 SW NORTH GLOBE AVE  
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: D ( ) Delete  
Name: CALLAWAY, BRANT IV  
Address: 2022 WINDFIELD DR  
City-St-Zip: MONROE, GA 30655

Title: P ( ) Delete  
Name: WEST, MATTHEW  
Address: 415 LOCHMOND DR  
City-St-Zip: FERN PARK, FL 32730

**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 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: MATTHEW WEST

P

04/30/2007

Electronic Signature of Signing Officer or Director

Date