2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N05000001257

T FILED

Jun 02, 2009

Secretary of State

Entity Name: CENTRAL FLORIDA DIVISION OF THE UNITED STATES FENCING ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

317 SHORE DRIVE E. 194 SAWYERWOOD PL OLDSMAR, FL 34677 US OVIEDO, FL 32765 US

Current Mailing Address: New Mailing Address:

317 SHORE DRIVE E. 194 SAWYERWOOD PL OLDSMAR, FL 34677 US OVIEDO, FL 32765 US

FEI Number: 59-3539865 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

CAMPOLI, JAMES A

317 SHORE DRIVE E.

OLDSMAR, FL 34677 US

LAUVER, KENNETH M JR
194 SAWYERWOOD PL
OVIEDO, FL 32765 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: KENNETH M. LAUVER JR. 06/02/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: JOHNSON, CHARLES B Name: LAUVER, KENNETH M JR

 Address:
 4165 RIVER DR
 Address:
 194 SAWYERWOOD PL

 City-St-Zip:
 FORT MYERS, FL 33916 US
 City-St-Zip:
 OVIEDO, FL 32765 US

Title: TRES () Delete Title: TRES (X) Change () Addition

 Name:
 CAMPOLI, JAMES A
 Name:
 ROWLEY, KIRK

 Address:
 317 SHORE DRIVE E.
 Address:
 1547 ILLINOIS AVE

 City-St-Zip:
 OLDSMAR, FL 34677 US
 City-St-Zip:
 PALM HARBOR, FL 34683 US

Title: SEC () Delete Title: SEC (X) Change () Addition Name: KELLEY, BRANDON M Name: SEACHRIST, JASON R

 Name:
 KELLEY, BRANDON M
 Name:
 SEACHRIST, JASON R

 Address:
 9209 SEMINOLE BLVD., APT. # 168
 Address:
 524 GROVE CT

City-St-Zip: SEMINOLE, FL 33772 US City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: () Delete Title: VP () Change (X) Addition

 Name:
 Name:
 CAMPOLI, JAMES

 Address:
 Address:
 317 E. SHORE DR

 City-St-Zip:
 City-St-Zip:
 OLDSMAR, FL 34677 US

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: KENNETH M. LAUVER JR. P 06/02/2009