

**2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Sep 09, 2011**  
**Secretary of State**

DOCUMENT# N05000001257

**Entity Name:** CENTRAL FLORIDA DIVISION OF THE UNITED STATES FENCING ASSOCIATION, INC.**Current Principal Place of Business:**1547 ILLINOIS AVE  
PALM HARBOR, FL 34683 US**New Principal Place of Business:**194 SAWYERWOOD PLACE  
OVIEDO, FL 32765 US**Current Mailing Address:**1547 ILLINOIS AVE  
PALM HARBOR, FL 34683 US**New Mailing Address:**194 SAWYERWOOD PLACE  
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:**ROWLEY, KIRK S  
1547 ILLINOIS AVE  
PALM HARBOR, FL 34683 US**Name and Address of New Registered Agent:**LAUVER, KEN S  
194 SAWYERWOOD PLACE  
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: KEN LAUVER

09/09/2011

\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**OFFICERS AND DIRECTORS:**

Title: CHR  
Name: SEACHRIST, JASON  
Address: 524 GROVE COURT  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: VCHR  
Name: LANE, JAMES  
Address: 3733 ERIE STREET  
City-St-Zip: COCOA, FL 32926 US

Title: SEC  
Name: JOHNSON, CHARLES  
Address: 4165 EAST RIVER DRIVE  
City-St-Zip: FORT MYERS, FL 33916 US

Title: TRES  
Name: LAUVER, KEN  
Address: 194 SAWYERWOOD PLACE  
City-St-Zip: OVIEDO, FL 32765 US

I hereby 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 all other like empowered.

SIGNATURE: JASON R SEACHRIST

CHR

09/09/2011

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