2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N05000008261

Entity Name: NORTH FLORIDA WHITEWATER ASSOCIATION, INC

Current Principal Place of Business:

3143 NE 14TH STREET
SUITE 101
OCALA, FL 34470 US

New Principal Place of Business:

Current Mailing Address:

3143 NE 14TH STREET
SUITE 101
OCALA, FL 34470 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CLAUSS, EMERSON J III
3143 NE 14TH STREET
SUITE 101
OCALA, FL 34470 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:	CLAUSS, EMERSON J III	
Address:	3365 SE 1ST AVENUE	
City-St-Zip:	OCALA, FL 34471 US	
Title:	D	( ) Delete
Name:	SKUHROVEC, DANIEL R	
Address:	4275 SE 58TH PLACE	
City-St-Zip:	OCALA, FL 34488 US	
Title:	D	( ) Delete
Name:	CLAUSS, EMERSON J IV	
Address:	3365 SE 1ST AVENUE	
City-St-Zip:	OCALA, FL 34471 US	
Title:	D	( ) Delete
Name:	BROWN, MITCHELL R	
Address:	570 NE 1ST TERRACE	
City-St-Zip:	OCALA, FL 34470 US	
Title:	D	( ) Delete
Name:	CLAUSS, ALEXANDRA K	
Address:	3365 SE 1ST AVENUE	
City-St-Zip:	OCALA, FL 34471 US	

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:	
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: EMERSON J. CLAUSS III D 04/30/2009

Electronic Signature of Signing Officer or Director — Date