2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005668

Entity Name: FLORIDA GEOCACHING ASSOCIATION, INC.

FILED Jan 07, 2007 Secretary of State

Current Principal Place of Business:			New Prince	New Principal Place of Business:	
2627 SW 2 CAPE COI	29TH AVE RAL, FL 3391	4			
Current Mailing Address:			New Maili	New Mailing Address:	
2627 SW 2 CAPE COI	29TH AVE RAL, FL 3391	4			
FEI Number	: 20-5320926	FEI Number Applied For()	FEI Number Not App	licable () Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and	Address of New Registered Agent:	
	FIELD CIRCLE	US			
	named entity e of Florida.	submits this statement for the p	ourpose of changing i	its registered office or registered agent, or both,	
SIGNATU	RE:				
Electronic Signature of Registered Agent			ent	Date	
OFFICER	S AND DIREC	TORS:	ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D (TRAIGER, DEA 2627 SW 29TH CAPE CORAL,	IAVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	LITTLE, CHRIS 12010 SW 2NI		Title: Name: Address: City-St-Zip:	D (X) Change () Addition BREWER, PETER S 2941 BATH STREET DELTONA, FL 32738	
Title: Name: Address: City-St-Zip:	D (BRILL, MIKE 3330 FT. SUM MELBOURNE,		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D (SMITH, CHET 1613 CLAY AV PANAMA CITY		Title: Name: Address: City-St-Zip:	D (X) Change () Addition HILLMAN, DON 5732 BUCK RUN DRIVE LAKELAND, FL 33811	
Title: Name: Address: City-St-Zip:	D (SMITH, GREG 3121 BAINBRII PALATKA, FL		Title: Name: Address: City-St-Zip:	D (X) Change () Addition SHERWOOD, SCOTT 86273 YULEE, FL 32097	
Title: Name: Address: City-St-Zip:	D (MACDONALD, P.O. BOX 250° LAKELAND, FL		Title: Name: Address: City-St-Zip:	D (X) Change () Addition BODENSTEIN, BETH 23 LAKE HOLLINGSWORTH DRIVE LAKELAND, FL 33803	

I hereby certify that the information supplied with this filing does not qualify for the 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: DEAN TRAIGER MD D 01/07/2007