2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# N06000005668

Entity Name: FLORIDA GEOCACHING ASSOCIATION, INC.

Current Principal Place of Business:

2627 SW 29TH AVE
CAPE CORAL, FL 33914

New Principal Place of Business:

Current Mailing Address:

2627 SW 29TH AVE
CAPE CORAL, FL 33914

New Mailing Address:

FEI Number: 20-5320926 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MINOR, MEGARIE
4436 OAKFIELD CIRCLE
DADE CITY, FL 33523 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:	TRAIGER, DEAN MD	
Address:	2627 SW 29TH AVE	
City-St-Zip:	CAPE CORAL, FL 33914	
Title:	D	( ) Delete
Name:	BREWER, PETER S	
Address:	2941 BATH STREET	
City-St-Zip:	DELTONA, FL 32738	
Title:	D	( ) Delete
Name:	BRILL, MIKE	
Address:	3330 FT. SUMTER STREET	
City-St-Zip:	MELBOURNE, FL 32934	
Title:	D	( ) Delete
Name:	HILLMAN, DON	
Address:	5732 BUCK RUN DRIVE	
City-St-Zip:	LAKELAND, FL 33811	
Title:	D	( ) Delete
Name:	SHERWOOD, SCOTT	
Address:	86273	
City-St-Zip:	YULEE, FL 32097	
Title:	D	( ) Delete
Name:	BODENSTEIN, BETH	
Address:	23 LAKE HOLLINGSWORTH DRIVE	
City-St-Zip:	LAKELAND, FL 33803	

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:	
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: BETH BODENSTEIN D 04/28/2009
Electronic Signature of Signing Officer or Director — Date