

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009427

FILED
Mar 24, 2009
Secretary of State

Entity Name: FLORIDA TRAILS BASSMASTERS, INC.

Current Principal Place of Business:

5400 TURIN STREET
ORLANDO, FL 32807

New Principal Place of Business:

Current Mailing Address:

5400 TURIN STREET
ORLANDO, FL 32807

New Mailing Address:

FEI Number: 45-0580022

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DRIGGERS, DAVID E
5400 TURIN STREET
ORLANDO, FL 32807 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: P () Delete
Name: DRIGGERS, DAVID E
Address: 5400 TURIN STREET
City-St-Zip: ORLANDO, FL 32807

Title: V () Delete
Name: DISCHER, ERIC
Address: 14030 YELLOW WOOD
City-St-Zip: ORLANDO, FL 32828

Title: T () Delete
Name: BAHR, FRED
Address: 695 MENDOZA DRIVE
City-St-Zip: ORLANDO, FL 32825

Title: S () Delete
Name: MONTONEY, RANDY
Address: 801 HARDWICK AVE
City-St-Zip: ORLANDO, FL 32826

Title: D () Delete
Name: MARESCA, BOBBY
Address: 9818 DEAN COVE LANE
City-St-Zip: ORLANDO, FL 32825

Title: D () Delete
Name: ROURKE, MICHAEL
Address: 1007 CONLEY DRIVE
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: SANDERS, RUSSEL (SAM)
Address: 2456 TOMMYS TURN
City-St-Zip: OVIEDO, FL 32766

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: DAVID E. DRIGGERS

P

03/24/2009

Electronic Signature of Signing Officer or Director

Date