

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003240

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: HAYASHI-HA SHITO RYU OF THE USA, INC.

## Current Principal Place of Business:

4724 VINCENNES BOULEVARD  
CAPE CORAL, FL 33904

## New Principal Place of Business:

4724 VINCENNES BOULEVARD  
CAPE CORAL, FL 33904 US

## Current Mailing Address:

4724 VINCENNES BOULEVARD  
CAPE CORAL, FL 33904

## New Mailing Address:

4724 VINCENNES BOULEVARD  
CAPE CORAL, FL 33904 US

FEI Number: 26-4760695

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DOUGHERTY, BERNARD J  
4724 VINCENNES BOULEVARD  
CAPE CORAL, FL 33904 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ( ) Change (X) Addition  
Name: BUCKNER, STEVEN PBMD  
Address: 6875 FOUNTAINS BLVD.  
City-St-Zip: WEST CHESTER, OH 45069 US

Title: VPD ( ) Change (X) Addition  
Name: GONZALEZ, LUIS VPBMD  
Address: 4611 TAMARON RANCH  
City-St-Zip: SAN ANTONIO, TX 78253 US

Title: VPD ( ) Change (X) Addition  
Name: MATSUURA, MAX VPBMD  
Address: PO BOX 5079  
City-St-Zip: SANTA MONICA, CA 93456 US

Title: VPD ( ) Change (X) Addition  
Name: DOUGHERTY, YUKI VPBMD  
Address: 4724 VINCENNES BLVD.  
City-St-Zip: CAPE CORAL, FL 33904 US

Title: STD ( ) Change (X) Addition  
Name: DOUGHERTY, BERNARD STBMD  
Address: 4724 VINCENNES BLVD.  
City-St-Zip: CAPE CORAL, FL 33904 US

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: BERNARD DOUGHERTY

STD

04/29/2009

Electronic Signature of Signing Officer or Director

Date