2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2009
Secretary of State

DOCUMENT# N08000003765

Entity Name: AMERICAN BRACE BEAGLING ASSOCIATION, INC.

Current Principal Place of Business:

16115 N. STATE RD. 121
MACCLENNY, FL 32063

New Principal Place of Business:

Current Mailing Address:

16115 N. STATE RD. 121
MACCLENNY, FL 32063

New Mailing Address:

FEI Number: 61-1562118 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

AREND, PEGGY
16115 N. STATE RD. 121
MACCLENNY, FL 32063 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: AREND, RUSSELL
Address: 16115 N. STATE RD. 121
City-St-Zip: MACCLENNY, FL 32063

Title: V ( ) Delete
Name: PROCTOR, JAMES
Address: 5635 MACEDONIA CHURCH RD
City-St-Zip: VALE, NC 28168

Title: V ( ) Delete
Name: MCCLELLAN, RANDY
Address: 285 OLD STATE RT 66
City-St-Zip: GREENSBURG, PA 15601

Title: T ( ) Delete
Name: AREND, PEGGY
Address: 16115 N. STATE RD. 121
City-St-Zip: MACCLENNY, FL 32063

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:

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: RUSSELL J. AREND PRES 01/06/2009
Electronic Signature of Signing Officer or Director — Date