

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005198

FILED
Apr 06, 2009
Secretary of State

Entity Name: RIVERSPRING WRESTLING CLUB, INC.

Current Principal Place of Business:

800 SPRING CREEK HIGHWAY
CRAWFORDVILLE, FL 32327

New Principal Place of Business:

Current Mailing Address:

800 SPRING CREEK HIGHWAY
CRAWFORDVILLE, FL 32327

New Mailing Address:

FEI Number: 11-3841231

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, SHANNON
17 KRISTIN LANE
CRAWFORDVILLE, FL 32327 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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR () Change (X) Addition
Name: MORGAN, WILLIAM F THIRD
Address: 55 KIOWA TRAIL
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: MR () Change (X) Addition
Name: DOUIN, ROBERT
Address: 76 ONEALS WAYS
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: MS. () Change (X) Addition
Name: DAVIS, COLLEEN A
Address: 87 ELIZABETH STREET
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: MRS. () Change (X) Addition
Name: MORGAN, DONNA L
Address: 55 KIOWA TRAIL
City-St-Zip: CRAWFORDVILLE, FL 32327

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: COLLEEN DAVIS

MS

04/06/2009

Electronic Signature of Signing Officer or Director

Date