

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006880

FILED  
Apr 30, 2009  
Secretary of State

**Entity Name:** AMERICAN GAMEFOWL EXHIBITORS ASSOCIATION, INC.

**Current Principal Place of Business:**

6896 COUNTY ROAD 619  
BUSHNELL, FL 33513

**New Principal Place of Business:**

**Current Mailing Address:**

6896 COUNTY ROAD 619  
BUSHNELL, FL 33513

**New Mailing Address:**

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

**Name and Address of Current Registered Agent:**

STEFAN, THOMAS G  
21750 A.D. MAY RD  
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: P                      ( ) Delete  
Name: DRURY, MICHAEL L  
Address: PO BOX 398  
City-St-Zip: OKAHUMPKA, FL 34762

Title: VP                      ( ) Delete  
Name: STEFAN, THOMAS G  
Address: 21750 A.D. MAY RD  
City-St-Zip: DADE CITY, FL 33523

Title: ST                      ( ) Delete  
Name: DRURY, PAMELA L  
Address: 6896 COUNTY ROAD 619  
City-St-Zip: BUSHNELL, FL 33513

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

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

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

Title: DIR                      ( ) Change (X) Addition  
Name: GOBLE, BARBARA D  
Address: 12180 HWY 98 N  
City-St-Zip: LAKELAND, FL 33809

Title: DIR                      ( ) Change (X) Addition  
Name: DOUGLAS, RICK  
Address: 1010 MC CLELLAN RD  
City-St-Zip: FROSTPROOF, FL 33843

Title: DIR                      ( ) Change (X) Addition  
Name: DOUGLAS, TERRI  
Address: 1010 MC CLELLAN RD  
City-St-Zip: FROSTPROOF, FL 33843

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: BARBARA GOBLE

DIR

04/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date