

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