

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009278

FILED  
Aug 31, 2009  
Secretary of State

Entity Name: FISHHAWK COYOTES LACROSSE, INC

## Current Principal Place of Business:

16903 FALCONRIDGE ROAD  
LITHIA, FL 33547 US

## New Principal Place of Business:

## Current Mailing Address:

16903 FALCONRIDGE ROAD  
LITHIA, FL 33547 US

## New Mailing Address:

FEI Number: 26-3486452      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

LEMON, BRIAN C  
16903 FALCONRIDGE ROAD  
LITHIA, FL 33547 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: LEMON, BRIAN C  
Address: 16903 FALCONRIDGE ROAD  
City-St-Zip: LITHIA, FL 33547 US

Title: VP ( ) Delete  
Name: JONES, TIM A  
Address: 5806 SIERA CREST LANE  
City-St-Zip: LITHIA, FL 33547 US

Title: CFO ( ) Delete  
Name: LEMON, NANCY C  
Address: 16903 FALCONRIDGE ROAD  
City-St-Zip: LITHIA,, FL 33547 US

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: VP ( ) Change (X) Addition  
Name: COX, ANDREW  
Address: 16416 DUNLINDALE DR.  
City-St-Zip: LITHIA, FL 33547 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: NANCY C LEMON

CFO

08/31/2009

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

\_\_\_\_\_  
Date