

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16526

FILED
Apr 21, 2009
Secretary of State

Entity Name: FLORIDA PROFESSIONAL PADDLESPOITS ASSOCIATION, INC.

Current Principal Place of Business:

2816 NW COUNTY RD. 661
ARCADIA, FL 34266 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 1764
ARCADIA, FL 34265 US

New Mailing Address:

FEI Number: 65-0078530

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAKER, ROBERT PRES
6527 COASTAL HWY
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: S () Delete
Name: RUDDEFORTH, BRIAN
Address: 18001 US 301 SOUTH
City-St-Zip: WIMAUMA, FL 33598

Title: T () Delete
Name: RUDDEFORTH, BRIAN
Address: 18001 US 301 SOUTH
City-St-Zip: WIMAUMA, FL 33598

Title: PD () Delete
Name: BAKER, ROBERT
Address: 6527 COASTAL HWY
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: VD () Delete
Name: SANBORN, JACK
Address: RT 6 BOX 203
City-St-Zip: MILTON, FL 32570

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: ROBERT BAKER

PD

04/21/2009

Electronic Signature of Signing Officer or Director

Date