

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29122

FILED
Jan 16, 2009
Secretary of State

Entity Name: OUTDOORS & ACTIVE, INC.

Current Principal Place of Business:

366 WINCHESTER PLACE
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 948131
MAITLAND, FL 327948131

New Mailing Address:

FEI Number: 59-2956518 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HULETT, ALVAH P
366 WINCHESTER PLACE
LONGWOOD, FL 32779 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: ABEEL, CINDY
Address: 903 PARK LAKE CIRCLE
City-St-Zip: MAITLAND, FL 32751

Title: T () Delete
Name: HULETT, ALVAH
Address: 366 WINCHESTER PLACE
City-St-Zip: LONGWOOD, F 32779

Title: S () Delete
Name: LOCKMAN, KAREN
Address: 1271 ERDMAN CT
City-St-Zip: APOPKA, FL 32703

Title: D () Delete
Name: ROE, SUE
Address: 5450 LAKE MARGARET DRIVE #1407
City-St-Zip: ORLANDO, FL 32812

Title: V () Delete
Name: SHIENVOLD, FRAN
Address: 4108 LAKE UNDERHILL RD #107
City-St-Zip: ORLANDO, FL 32803

Title: D () Delete
Name: STRATTON, LOU ANN
Address: 434 CITRUS LANE
City-St-Zip: MAITLAND, FL 32751

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change () Addition
Name: ROE, SUE
Address: 5450 LAKE MARGARET DRIVE #1407
City-St-Zip: ORLANDO, FL 32812

Title: D (X) Change () Addition
Name: BEDNER, FRAN
Address: 1652 BERKSHIRE AVE
City-St-Zip: WINTER PARK, FL 32789

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: ALVAH P. HULETT

T

01/16/2009

Electronic Signature of Signing Officer or Director

_____ Date