2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2009
Secretary of State

DOCUMENT# N30130

Entity Name: FULLTRACK CONSERVATION CLUB OF DADE COUNTY, INC.

Current Principal Place of Business:

C/O ALBERT BRYAN
6510 SW 29 ST
MIAMI, FL 33155 US

New Principal Place of Business:

Current Mailing Address:

C/O ALBERT BRYAN
6510 SW 29 ST
MIAMI, FL 33155 US

New Mailing Address:

FEI Number: 65-0109752 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRYAN, ALBERT G
6510 SW 29 ST
MIAMI, FL 33155 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: PD ( ) Delete
Name: BRYAN, ALBERT
Address: 6510 SW 29 ST
City-St-Zip: MIAMI, FL 33155

Title: VD ( ) Delete
Name: NEWELL, NORM L
Address: 7000 SW 77 PL
City-St-Zip: MIAMI, FL 33143

Title: SD ( ) Delete
Name: GONZALEZ, UBALDO
Address: 650 E 7 AV
City-St-Zip: HIALEAH, FL 33010

Title: SD ( ) Delete
Name: GOTSHALL, RICHARD
Address: 5801 MAYO ST
City-St-Zip: HOLLYWOOD, FL 33023

Title: TD ( ) Delete
Name: ROSIER, JOHN
Address: 14775 SW 18CT
City-St-Zip: DAVIE, FL 33325

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:

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: JOHN ROSIER TD 03/17/2009
Electronic Signature of Signing Officer or Director — Date