2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 25, 2009
Secretary of State

DOCUMENT# N36074

Entity Name: FLORIDA STATE DOG HUNTERS ASSOCIATION, INC.

Current Principal Place of Business:

P O BOX 5535
TALLAHASSEE, FL 32310 US

New Principal Place of Business:

915 BLOXHAM CUTOFF
CRAWFORDVILLE, FL 32327 US

Current Mailing Address:

P O BOX 5535
TALLAHASSEE, FL 32310 US

New Mailing Address:

PO BOX 5535
TALLAHASSEE, FL 32310 US

FEI Number: 04-3205081 **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:

MCKEITHEN, R.A.
915 BLOXHAM CUTOFF
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: DP ( ) Delete
Name: MCKEITHEN, R A
Address: RT 16 BOX 1660
City-St-Zip: TALLAHASSEE, FL

Title: DS ( ) Delete
Name: CHESHIRE, ELLIS
Address: 337 PAYTON RD
City-St-Zip: MONTICELLO, FL 32344

Title: DT ( ) Delete
Name: TUCKER, ALLAN
Address: 6424 OLD SAINT AUGUSTINE RD
City-St-Zip: TALLAHASSEE, FL 32311

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:

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: ALLAN TUCKER DT 06/25/2009

Electronic Signature of Signing Officer or Director — Date