

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44519

FILED
Apr 19, 2006
Secretary of State

Entity Name: AMERICAN CANINE SPORTS MEDICINE ASSOCIATION, INC.

Current Principal Place of Business:

TERLEP, TERRANCE
PO BOX 07412
FORT MYERS, FL 33919 US

New Principal Place of Business:

Current Mailing Address:

ACSMMA
P.O. BOX 07412
FORT MYERS, FL 33919 US

New Mailing Address:

FEI Number: 65-0301890 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

TERLEP, TERRANCE
13801 RIVER RD
FT. MYERS, FL 33905 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: COFFMAN, MARTIN
Address: 176 ST STEPHENS RD
City-St-Zip: SAINT STEPHENS, AL 36569

Title: T () Delete
Name: COOK, GAIL
Address: 870 DUQUESNE DR
City-St-Zip: FORT MYERS, FL 33919

Title: D () Delete
Name: TERLEP, TERRANCE
Address: 13801 RIVER RD
City-St-Zip: FORT MYERS, FL 33905

Title: V () Delete
Name: AYCOCK, EDWARD
Address: 121 DEGAN AVE
City-St-Zip: LEWISVILLE, TX 75057

Title: S () Delete
Name: SHEALY, PAUL
Address: 3169 W MONTAGUE AVE
City-St-Zip: NORTH CHARLESTON, SC 29418

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: COFFMAN, MARTIN
Address: 176 ST STEPHENS RD
City-St-Zip: SAINT STEPHENS, AL 36569

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

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

Title: P (X) Change () Addition
Name: AYCOCK, EDWARD
Address: 121 DEGAN AVE
City-St-Zip: LEWISVILLE, TX 75057

Title: V (X) Change () Addition
Name: SHERMAN, JOHN
Address: 6300 LIMOUSINE DR STE 134
City-St-Zip: RALEIGH, NC 27617

Title: S () Change (X) Addition
Name: ELKINS, DERRELL
Address: 61 E 96 ST
City-St-Zip: INDIANAPOLIS, IN 46240

I hereby certify that the information supplied with this filing does not qualify for the 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: GAIL COOK

T

04/19/2006

Electronic Signature of Signing Officer or Director

Date