

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44519

FILED  
Apr 20, 2009  
Secretary of State

**Entity Name:** AMERICAN CANINE SPORTS MEDICINE ASSOCIATION, INC.

**Current Principal Place of Business:**

TERLEP, TERRANCE  
870 DUQUESNE DR  
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: D ( ) 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: P ( ) Delete  
Name: SHERMAN, JOHN  
Address: 6300 LIMOUSINE DR STE 134  
City-St-Zip: RALEIGH, NC 27617

Title: V ( ) Delete  
Name: ELKINS, DERRELL  
Address: 61 E 96 ST  
City-St-Zip: INDIANAPOLIS, IN 46240

**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: P (X) Change ( ) Addition  
Name: ELKINS, DERRELL  
Address: 9745 RANDALL DR  
City-St-Zip: INDIANAPOLIS, IN 46280

Title: V (X) Change ( ) Addition  
Name: FITCH, RANDALL  
Address: 5037 SAFFRON CT  
City-St-Zip: FORT COLLINS, CO 80525

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: GAIL W COOK

T

04/20/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date