

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N44519

**FILED**  
**Apr 23, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

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:**

COOK, GAIL W  
870 DUQUESNE DR  
FORT MYERS, FL 33919 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  
Name: COFFMAN, MARTIN  
Address: 176 ST STEPHENS RD  
City-St-Zip: SAINT STEPHENS, AL 36569

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

Title: D  
Name: ELKINS, DERRELL  
Address: 3336 BREWERS HWY  
City-St-Zip: BENTON, KY 42025

Title: P  
Name: FITCH, RANDALL  
Address: 31896 PLAZA DR STES C-1 & 2  
City-St-Zip: SAN JUAN CAPISTRANO, CA 92675

I hereby 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 all other like empowered.

SIGNATURE: GAIL W COOK

T

04/23/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date