2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006
Secretary of State

DOCUMENT# N95000002901

Entity Name: USATF/FLORIDA ASSOCIATION, INC.

Current Principal Place of Business:

104 E. 11TH AVENUE
WINDERMERE, FL 34786

New Principal Place of Business:

Current Mailing Address:

104 E. 11TH AVENUE
WINDERMERE, FL 34786

New Mailing Address:

FEI Number: 59-2837798 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BETZ, PAMELA L.
104 11TH AVENUE
WINDERMERE, FL 34786 US

Name and Address of New Registered Agent:

BETZ, PAMELA L
104 11TH AVENUE
WINDERMERE, FL 34786 US

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: PAMELA L BETZ 03/17/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: LARSEN, GEORGE E ROD
Address: 104 E. 11TH AVENUE
City-St-Zip: WINDERMERE, FL 34786

Title: SD ( ) Delete
Name: SMOLKA, ALEX
Address: 576 SANDPIPER WAY
City-St-Zip: BOCA RATON, FL 33431

Title: TD ( ) Delete
Name: BETZ, PAMELA
Address: 104 E. 11TH AVENUE
City-St-Zip: WINDERMERE, FL 34786

Title: VPD ( ) Delete
Name: MEAD-TRICARD, LOUISE
Address: 8496 RIDGEWOOD AVE #3206
City-St-Zip: CAPE CANAVERAL, FL 32920

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:

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: PAMELA L. BETZ MS 03/17/2006
Electronic Signature of Signing Officer or Director Date