2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008
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:

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:	PD	( ) Delete
Name:	LARSEN, GEORGE E ROD	
Address:	104 E. 11TH AVENUE	
City-St-Zip:	WINDERMERE, FL 34786	
Title:	SD	( ) Delete
Name:	ALVAREZ, KATHY	
Address:	10901 SW 24 STREET	
City-St-Zip:	MIAMI, FL 33165	
Title:	TD	( ) Delete
Name:	BETZ, PAMELA L	
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	
Title:	VPD	( ) Delete
Name:	JOHN, TENBROECK	
Address:	2336 URBAN ROAD	
City-St-Zip:	JACKSONVILLE, FL 32210	
Title:	VPD	( ) Delete
Name:	ALBERT, BOOKER	
Address:	2040 NW 195 STREET	
City-St-Zip:	OPA LOCKA, FL 33056	

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:	
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: PAMELA L BETZ TD 02/21/2008
Electronic Signature of Signing Officer or Director — Date