2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Aug 03, 2007 08:00 AN Secretary of State

DOCUMENT	#	N98000003010

1. Entity Name

UNITED STATES YUDO ASSOCIATION, INC.



Principal Place of Business

4409 HOFFNER AVE SUITE 327 ORLANDO, FL 32812 Mailing Address

4409 HOFFNER AVE SUITE 327 ORLANDO, FL 32812

TO THE TOTAL STREET OF THE STREET STR



07302007 No Chg-NP

CR2E037 (4/06)

4. FEI Number 59-3506136 Applied For

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

8. Name and Address of Current Registered Agent

CONNOLLY, JOSEPH F II 4218 ARAJO COURT BELLE ISLE, FL 32812-2807

DO NOT WRITE IN THIS SPACE

29 July 2007

					<u> </u>
	named entity submits this statement for the tions of registered agent.	a purpose of changing its registere	d office or registered ag	ent, or both, in the State of I	Florida, I am familiar with, and accep
SIGNATURE.	Signature, typed or printed name of registered egent and the	tle if applicable. (HOTE: Registered	Agent signature required when n	einstating)	DATE
D	Filing Fee is \$61.25 ue by September 14, 2007	Bection Campaign Finance Trust Fund Contribution.	cing \$5.00 Added to		
10.	OFFICERS AND DIR	ECTORS			The second of the second secon
TITLE NAME STREET ADDRESS CITY-ST-ZP	D CONNOLLY, JOSEPH F II 4218 ARAJO COURT BELLE ISLE, FL 328122807			U00000771 08/03/07-800	318 02-003 61,25
TITLE HAME STREET ADDRESS CITY-ST-ZIP	D CONNOLLY, DONNA C 4218 ARAJO COURT BELLE ISLE, FL 328122807			The first of the second of the	And the second of the second o
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURGADO, AMAURY 602 REGENCY WAY KISSIMMEE, FL 34758			DO NOT V	1965 1965 - Harris Johnson (1965) 1965 - Harris Harris (1965)
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS S	PACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			,		and the state of t
TITLE NAME STREET ADDRESS CITY-ST-ZIP					The second secon
12. I hereby	certify that the information supplied with this ion this report or supplemental report is true	s filing does not qualify for the exe and accurate and that my signals	imptions contained in Cure shall have the same	hapter 119, Florida Statutes legal effect as if made unde	. I further certify that the information or oath; that I am an officer or director

Direction -