

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003010

FILED  
Aug 31, 2008  
Secretary of State

**Entity Name:** UNITED STATES YUDO ASSOCIATION, INC.

**Current Principal Place of Business:**

4409 HOFFNER AVE SUITE 327  
ORLANDO, FL 32812

**New Principal Place of Business:**

**Current Mailing Address:**

4409 HOFFNER AVE SUITE 327  
ORLANDO, FL 32812

**New Mailing Address:**

**FEI Number:** 59-3506136      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

CONNOLLY, JOSEPH F II  
4218 ARAJO COURT  
BELLE ISLE, FL 328122807 US

**Name and Address of New Registered Agent:**

CONNOLLY, JOSEPH F II  
4409 HOFFNER AVE SUITE 327  
ORLANDO, FL 32812 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:

08/31/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: CONNOLLY, JOSEPH F II  
Address: 4218 ARAJO COURT  
City-St-Zip: BELLE ISLE, FL 328122807

Title: D ( ) Delete  
Name: CONNOLLY, DONNA C  
Address: 4218 ARAJO COURT  
City-St-Zip: BELLE ISLE, FL 328122807

Title: D ( ) Delete  
Name: MURGADO, AMAURY  
Address: 602 REGENCY WAY  
City-St-Zip: KISSIMMEE, FL 34758

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: CONNOLLY, JOSEPH F II  
Address: 4409 HOFFNER AVE SUITE 327  
City-St-Zip: ORLANDO, FL 32812

Title: D (X) Change ( ) Addition  
Name: CONNOLLY, DONNA C  
Address: 4409 HOFFNER AVE SUITE 328  
City-St-Zip: ORLANDO, FL 32812

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: JOSEPH F. CONNOLLY, II

DIR

08/31/2008

Electronic Signature of Signing Officer or Director

Date