2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P33509

FILED Apr 19, 2005 Secretary of State

Entity Name: IZAAK WALTON LEAGUE OF AMERICA, INC.

Current Principal Place of Business: New Principal Place of Business: 707 CONSERVATION LANE GAITHERSBURG, MD 208782983 **Current Mailing Address: New Mailing Address:** 707 CONSERVATION LANE GAITHERSBURG, MD 208782983 FEI Number: 36-1930035 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CHENOWETH, MICHAEL 31 GARDEN COVE DR. KEY LARGO, FL 33037 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition HANSEN, PAUL W Name: Name: 707 CONSERVATION LANE Address: Address: City-St-Zip: GAITHERSBURG, MD 20878 City-St-Zip: Title: Title: () Delete () Change () Addition Name: CLAYTON, CHUCK C Name: Address: 798 11TH ST., S.W. Address: City-St-Zip: HURON, SD 57350 City-St-Zip: Title: () Delete Title: () Change () Addition REID, TIM W Name: Name: 3530 CHALET LANE Address: Address: City-St-Zip: CRETE, IL 60417 City-St-Zip: Title: TD () Delete Title: () Change () Addition Name: WEST, WILLIAM R Name: Address: 9363 FOX RUN CIRCLE Address: City-St-Zip: FRANKFORT, IL 60423 City-St-Zip: Title: () Delete Title: () Change () Addition KOFFLER, RAYMOND J Name: Name: 460 NEW SALEM RD. Address: Address: City-St-Zip: UNIONTOWN, PA 15401 City-St-Zip: Title: () Delete Title: (X) Change () Addition MADSEN, JIM BROOKER, CHARLOTTE Name: Name: Address: 2172 WOODLYLN AVE. Address: 1452 S. LAKE DRIVE MAPLEWOOD, MN 55109 WATERTOWN, SD 57201 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: PAUL W. HANSEN ED 04/19/2005