
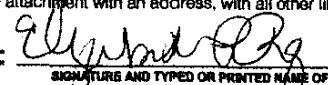


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90077 035 ****70.00

DOCUMENT # 770634			
1. Entity Name FAN ASSOCIATION OF NORTH AMERICA, INC.			
Principal Place of Business 1011 WEST G STREET JENKS, OK 74037-2521		Mailing Address 1011 WEST G STREET JENKS, OK 74037-2521	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 6002 Belle Rive Dr	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Brentwood, TN	
Zip	Country	Zip 37027	Country USA
4. FEI Number 59-2381870		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DUNN, KAREN L 2640 NE 52TH STREET POMPANO BEACH, FL 33064		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$64.25 Due by May 1, 2008		A. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUKAS, KATHERINE M	NAME	
STREET ADDRESS	54 OSAGE DR	STREET ADDRESS	
CITY-ST-ZIP	WARWICK, RI 02888	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREEMAN, RHONDA	NAME	
STREET ADDRESS	1011 WEST G ST.	STREET ADDRESS	
CITY-ST-ZIP	JENKS, OK 74037	CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WINKLER, TRACY	NAME	Treasurer / Director
STREET ADDRESS	20103 AVENIDA PAMPLONA	STREET ADDRESS	Elizabeth P Ray
CITY-ST-ZIP	CERRITOS, CA 907037643	CITY-ST-ZIP	6002 Belle Rive Dr Brentwood, TN 37027
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROUSSEAU, LINDA S	NAME	
STREET ADDRESS	90 PRESCOTT ROAD	STREET ADDRESS	
CITY-ST-ZIP	BRENTWOOD, NH 03833	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYRON, GARY L	NAME	
STREET ADDRESS	20001 HOB HILL WAY	STREET ADDRESS	
CITY-ST-ZIP	GAITHERSBURG, MD 20886	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWSON, JEANNE N	NAME	
STREET ADDRESS	920 BENNINGTON DRIVE	STREET ADDRESS	
CITY-ST-ZIP	RALEIGH, NC 276151205	CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exceptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Date: 3/7/08 (615) 377-9251	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

ATTACHMENT 40042540

770634

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www.fanassociation.org

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