

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 13 PM 2:25

DOCUMENT # 766361 (0)

1. Corporation Name

DESOTO COUNTY ADULT ATHLETIC ASSOCIATION, INC.

Principal Place of Business

Mailing Address

~~% EDMUND WALLIS  
RT 4 BOX 4426  
ARCADIA FL 33821~~

~~% EDMUND WALLIS  
RT 4 BOX 4426  
ARCADIA FL 33821~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/30/1982  
3a. Date of Last Report 02/23/1994  
4. FEI Number 59-2375630  
Applied For Not Applicable

2. Principal Place of Business  
21. % D.C.A.A.

2a. Mailing Address  
26. % Robert Jones

Suits, Apt. #, etc.  
22. 948 N. Arcadia Ave

Suits, Apt. #, etc.  
27. 1434 S.E. Carnahan Ave

City & State  
23. Arcadia, FL

City & State  
28. Arcadia, FL

Zip  
24. 33821

Country  
29. Desoto  
30. Desoto

5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TYNER, LOIS  
1701 S.E. 15TH STREET  
ARCADIA FL 33821

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
2500 S.E. Quail Ave.  
83  
84 City Arcadia FL 85 Zip Code 33821

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRICKLAND, RICHARD	1.2 NAME	
STREET ADDRESS	904 N LEE AVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	ARCADIA FL	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORRIS, JIMMY	2.2 NAME	
STREET ADDRESS	1737 SE CHERRY DRIVE	2.3 STREET ADDRESS	2465 S. E. Pointer Ave.
CITY - ST - ZIP	ARCADIA FL	2.4 CITY - ST - ZIP	Arcadia, FL. 33821
TITLE	SD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALLIS, EDMUND	3.2 NAME	
STREET ADDRESS	RT 2 BOX 440 H	3.3 STREET ADDRESS	2241 N.W. Richard Ave.
CITY - ST - ZIP	ARCADIA FL	3.4 CITY - ST - ZIP	Arcadia, FL. 33821
TITLE	TD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOENS, ROBERT	4.2 NAME	
STREET ADDRESS	RT. 4, BOX 4426	4.3 STREET ADDRESS	1434 S.E. Carnahan Ave.
CITY - ST - ZIP	ARCADIA FL	4.4 CITY - ST - ZIP	Arcadia, FL. 33821
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TYNER, TOMMY	5.2 NAME	
STREET ADDRESS	1701 SE 15	5.3 STREET ADDRESS	2500 S.E. Quail Ave.
CITY - ST - ZIP	ARCADIA FL	5.4 CITY - ST - ZIP	Arcadia, FL. 33821
TITLE	D	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TYNER, LOIS	6.2 NAME	
STREET ADDRESS	1701 SE 15TH STREET	6.3 STREET ADDRESS	2500 S.E. Quail Ave.
CITY - ST - ZIP	ARCADIA FL	6.4 CITY - ST - ZIP	Arcadia FL. 33821

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 of this report, or as an attachment with a address.

SIGNATURE: Richard K. Strickland, Pres. 1-27-95 95-5817  
(Signature)  
 RICHARD K. STRICKLAND