

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **766361**  
1. Corporation Name  
**DESOTO COUNTY ADULT ATHLETIC ASSOCIATION, INC.**

Principal Place of Business: **DCAAA 948 N. ARCADIA AVE. ARCADIA, FL. 33821**  
Mailing Address: **c/o ROBERT JOENS 1434 SE CARNAHAN AVE ARCADIA, FL. 33821**

3. Date Incorporated or Qualified: **12/30/1982**  
3a. Date of Last Report: **02/06/95**  
4. FEI Number: **59-2375630**  
5. Certificate of Status Desired:  Applied For,  Not Applicable  
6. Election Campaign Financing Trust Fund Contribution:  **\$8.75 Additional Fee Required**,  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes,  No

2. Principal Place of Business (21-24) and Mailing Address (25-30) details including Suite, Apt #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent  
**LOIS TYNER  
2500 S.E. QUAIL AVE.  
ARCADIA, FL. 33821**

10. Name and Address of New Registered Agent (81-85)  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	PD	DELETED
NAME	STRICKLAND, RICHARD	
STREET ADDRESS	904 N LEE AVE	
CITY- ST- ZIP	ARCADIA, FL. 33821	
TITLE	VD	DELETED
NAME	NORRIS, JIMMY	
STREET ADDRESS	2465 S.E. POINTER AVE	
CITY- ST- ZIP	ARCADIA, FL. 33821	
TITLE	SD	DELETED
NAME	WALLIS, EDMUND	
STREET ADDRESS	2241 NW RICHARD AVE.	
CITY- ST- ZIP	ARCADIA, FL. 33821	
TITLE	TD	DELETED
NAME	JOENS, ROBERT	
STREET ADDRESS	1434 SE CARNAHAN AVE	
CITY- ST- ZIP	ARCADIA, FL. 33821	
TITLE	D	DELETED
NAME	TYNER, LOIS	
STREET ADDRESS	2500 SE QUAIL AVE.	
CITY- ST- ZIP	ARCADIA, FL. 33821	
TITLE	D	DELETED
NAME	TYNER, TOMMY	
STREET ADDRESS	2500 SE QUAIL AVE.	
CITY- ST- ZIP	ARCADIA, FL. 33821	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY- ST- ZIP		
21 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS	<b>3587 N.W. POULTRY ST.</b>	
24 CITY- ST- ZIP	<b>ARCADIA, FL. 33821</b>	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY- ST- ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY- ST- ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS	<b>900001755149</b>	
54 CITY- ST- ZIP	<b>-03/22/96--01111--033</b>	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS	<b>***61.25</b>	
64 CITY- ST- ZIP		

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)(k), 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 if changed, or on an attachment with an address.

SIGNATURE: **JAMES P. NORRIS, V. PRES.** DATE: **3-18-96** TELEPHONE: **941-494-6365**

CR2E037 (12/95)

*Handwritten initials and date: JPB 3-22-96*