

FILE NOW: FILING FEE IS \$61.25

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Mar 20 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 766361

DESOTO COUNTY ADULT ATHLETIC ASSOCIATION, INC.

Principal Place of Business: DCAAA  
948 N. ARCADIA AVE.  
ARCADIA, FL. 34266

Mailing Address: DCAAA  
~~1434 S.E. CARNAHAN AVE.~~  
ARCADIA, FL. ~~34266~~

21	2. Principal Place of Business	2a	Mailing Address	3	Date Incorporated or Qualified	3a	Date of Last Report
22	22. City & State	26	2500 S.E. QUAIL AVE.	4	FBI Number		Applied For
23	23. Zip	27	ARCADIA, FL.		59-2375630		Not Applicable
24	24. Country	28	ARCADIA, FL.	5	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
	25. Country	29	34266	6	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
	25. Country	30	DESOTO	8	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LOIS TYNER 2500 S.E. QUAIL AVE. ARCADIA, FL. 34266				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: \_\_\_\_\_  
(NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P/D	<input type="checkbox"/> DELETE	11 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	STRICKLAND, RICHARD		12 NAME				
STREET ADDRESS	<del>904 N. LEE AVE.</del>		13 STREET ADDRESS	1720 N.E. TURNER AVE.			
CITY-ST-ZIP	ARCADIA, FL. 34266		14 CITY-ST-ZIP	ARCADIA, FL. 34266			
TITLE	V/D	<input type="checkbox"/> DELETE	21 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	NORRIS JIMMY		22 NAME				
STREET ADDRESS	<del>2465 S.E. POINTER AVE.</del>		23 STREET ADDRESS	3701 N.E. MCINTYRE ST.			
CITY-ST-ZIP	ARCADIA, FL. 33821		24 CITY-ST-ZIP	ARCADIA, FL. 34266			
TITLE	S/D	<input checked="" type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition		
NAME	<del>WALLIS, EDMUND</del>		32 NAME	S/D TYNER, LOIS			
STREET ADDRESS	<del>2241 N.W. RICHARD AVE.</del>		33 STREET ADDRESS	2500 S.E. QUAIL AVE.			
CITY-ST-ZIP	ARCADIA, FL. 34266		34 CITY-ST-ZIP	ARCADIA, FL. 34266			
TITLE	T/D JOENS, ROBERT	<input type="checkbox"/> DELETE	41 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	T/D JOENS, ROBERT		42 NAME				
STREET ADDRESS	<del>1434 S.E. CARNAHAN AVE</del>		43 STREET ADDRESS	1981 N.E. VOSS OAKS CIR			
CITY-ST-ZIP	ARCADIA, FL. 33821		44 CITY-ST-ZIP	ARCADIA, FL. 34266			
TITLE	D-TYNER, LOIS	<input checked="" type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition		
NAME	D-TYNER, LOIS		52 NAME	D-RIFE, DON			
STREET ADDRESS	<del>2500 S.E. QUAIL AVE.</del>		53 STREET ADDRESS	3067 S.W. HARVEY AVE.			
CITY-ST-ZIP	ARCADIA, FL. 33821		54 CITY-ST-ZIP	ARCADIA, FL. 34266			
TITLE	D-TYNER, TOMMY	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	D-TYNER, TOMMY		62 NAME	700002120757			
STREET ADDRESS	2500 S.E. QUAIL AVE.		63 STREET ADDRESS	-03/21/97--01008--043			
CITY-ST-ZIP	ARCADIA, FL. 34266		64 CITY-ST-ZIP	***61.25			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Book 12 or Book 13 if changed, or on an attachment with an address.

SIGNATURE: *Lois Tyner, Sec.* Date: 3-14-97 Day/Time Phone #: 941-494-2799  
941-494-6365

CR2E037 (9/96)

DC AAA  
59-2375630

49.272

ADD ADDITIONAL DIRECTORS:

D- HINES, BILLY  
1596 S.E. PEAR DRIVE  
ARCADIA, FL. 34266

D- UPTON, ROCKY  
1950 N.W. MYRTLE AVE.  
ARCADIA, FL. 34266

D- JONES, PAUL  
3509 S.E. BROWN RD.  
ARCADIA, FL. 34266