


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90045 033 ****61.25

0068453

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # 766361

1. Corporation Name
DESOTO COUNTY ADULT ATHLETIC ASSOCIATION, INC.

Principal Place of Business C/O DCAA 948 N ARCADIA AVE ARCADIA FL 33821 US	Mailing Address 2500 SE QUAIL AVE ARCADIA FL 34266 US
--	--



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/30/1982
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2375630 Applied For <input checked="" type="checkbox"/> Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
TYNER, LOIS 2500 SE QUAIL AVE ARCADIA FL 33821				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWBERRY, EDDIE	1.2 NAME	
STREET ADDRESS	3096 CREEKWOOD TERR	1.3 STREET ADDRESS	
CITY-ST-ZIP	ARCADIA FL 34266	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORRIS, JIMMY	2.2 NAME	
STREET ADDRESS	3701 NE MCINTYRE ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	ARCADIA FL 34266	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIFE, DON	3.2 NAME	
STREET ADDRESS	3067 SW HARVEY AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ARCADIA FL 34266	3.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOENS, ROBERT	4.2 NAME	ROBIN ROSE
STREET ADDRESS	1981 NE VOSS OAKS CIR	4.3 STREET ADDRESS	1653 N.E. CROSS AVE.
CITY-ST-ZIP	ARCADIA FL 34266	4.4 CITY-ST-ZIP	ARCADIA, FL. 34266
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	S/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TYNER, LOIS	5.2 NAME	
STREET ADDRESS	2500 SE QUAIL AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ARCADIA FL 33821	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TYNER, TOMMY	6.2 NAME	
STREET ADDRESS	2500 SE QUAIL AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	ARCADIA FL 33821	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: 3-3-99 Daytime Phone #: 941-494-2030

CR2E037 (11/98)

254356-90045-33

766361

DESOTO COUNTY ADULT ATHLETIC ASSOCIATION, INC.

59-2375630

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