

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

1012

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 FEB 23 PM 12:32

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

Principal Place of Business: **C/O DCAAA, 948 N ARCADIA AVE, ARCADIA FL 33821 US**
Mailing Address: **2500 SE QUAIL AVE, ARCADIA FL 34266 US**

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State: _____
City & State: _____

Zip: _____ Country: _____ Zip: _____ Country: _____



MOORE CR2E037 (11/03)

2/23/04

4. FEI Number: **59-2375630** Applied For: Not Applicable:

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: **TYNER, LOIS, 2500 SE QUAIL AVE, ARCADIA FL 33821**

7. Name and Address of New Registered Agent: 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution: \$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: D NAME: NEWBERRY, EDDIE STREET ADDRESS: 3096 CREEKWOOD TERR CITY-ST-ZIP: ARCADIA FL 34266 | <input type="checkbox"/> Delete | TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition 02/23/04-80052-004 61.25 |
| TITLE: PD NAME: NORRIS, JIMMY STREET ADDRESS: 3701 NE MCINTYRE ST CITY-ST-ZIP: ARCADIA FL 34266 | <input type="checkbox"/> Delete | TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: VD NAME: RIFE, DON STREET ADDRESS: 3067 SW HARVEY AVE CITY-ST-ZIP: ARCADIA FL 34266 | <input type="checkbox"/> Delete | TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: D NAME: COKER, SEARS STREET ADDRESS: 5759 NW SCOUT AVE CITY-ST-ZIP: ARCADIA FL 34266 | <input type="checkbox"/> Delete | TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: STD NAME: TYNER, LOIS STREET ADDRESS: 2500 SE QUAIL AVE CITY-ST-ZIP: ARCADIA FL 33821 | <input type="checkbox"/> Delete | TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: D NAME: TYNER, TOMMY STREET ADDRESS: 2500 SE QUAIL AVE CITY-ST-ZIP: ARCADIA FL 33821 | <input type="checkbox"/> Delete | TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I 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 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: Lois Tyner, Sec/Lois Tyner 2-19-04 863-494-2830
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

DESOTO COUNTY ADULT ATHLETIC ASSOCIATION, INC.

FEIN: 59-2375630

ADDITIONAL DIRECTORS:

D
HINES, BILLY
1596 SE PEAR DR
ARCADIA, FL 34266

D
AHMED, PHIL
7597 SE US HWY 31
ARCADIA, FL 34266

D
JONES, PAUL
3509 SE BROWN RD
ARCADIA, FL 34266