


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90038 017 ****61.25

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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2375630	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NORRIS, JIMMY		NAME		
STREET ADDRESS	3701 NE MCINTYRE ST		STREET ADDRESS		
CITY- ST- ZIP	ARCADIA FL 34266		CITY- ST- ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RIFE, DON		NAME		
STREET ADDRESS	3067 SW HARVEY AVE		STREET ADDRESS		
CITY- ST- ZIP	ARCADIA FL 34266		CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COKER, SEARS		NAME		
STREET ADDRESS	5759 NW SCOUT AVE		STREET ADDRESS		
CITY- ST- ZIP	ARCADIA FL 34266		CITY- ST- ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TYNER, LOIS		NAME		
STREET ADDRESS	2500 SE QUAIL AVE		STREET ADDRESS		
CITY- ST- ZIP	ARCADIA FL 33821		CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TYNER, TOMMY		NAME		
STREET ADDRESS	2500 SE QUAIL AVE		STREET ADDRESS		
CITY- ST- ZIP	ARCADIA FL 33821		CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	HINES, BILLY	
STREET ADDRESS			STREET ADDRESS	1596 SE PEAR DR	
CITY- ST- ZIP			CITY- ST- ZIP	ARCADIA, FL 34266	



1st MOORE CR2E037 (10/06)

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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* **Lois Tyner** **3-8-07** **863-498-2799**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #