

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2009
Secretary of State

DOCUMENT# 766361

Entity Name: DESOTO COUNTY ADULT ATHLETIC ASSOCIATION, INC.

Current Principal Place of Business:

C/O DCAAA
948 N ARCADIA AVE
ARCADIA, FL 33821 US

New Principal Place of Business:

Current Mailing Address:

2500 SE QUAIL AVE
ARCADIA, FL 34266 US

New Mailing Address:

FEI Number: 59-2375630 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

TYNER, LOIS
2500 SE QUAIL AVE
ARCADIA, FL 33821 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: NORRIS, JIMMY
Address: 3701 NE MCINTYRE ST
City-St-Zip: ARCADIA, FL 34266

Title: VD () Delete
Name: RIFE, DON
Address: 3067 SW HARVEY AVE
City-St-Zip: ARCADIA, FL 34266

Title: D () Delete
Name: COKER, SEARS
Address: 5759 NW SCOUT AVE
City-St-Zip: ARCADIA, FL 34266

Title: STD () Delete
Name: TYNER, LOIS
Address: 2500 SE QUAIL AVE
City-St-Zip: ARCADIA, FL 33821

Title: D () Delete
Name: TYNER, TOMMY
Address: 2500 SE QUAIL AVE
City-St-Zip: ARCADIA, FL 33821

Title: D () Delete
Name: HINES, BILLY
Address: 1596 SW PEAR DR
City-St-Zip: ARCADIA, FL 34266

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOIS TYNER

STD

04/06/2009

Electronic Signature of Signing Officer or Director

_____ Date