

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766361

FILED
Apr 30, 2012
Secretary of State

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:

4919 SW SHORES AVE
ARCADIA, FL 34266 US

New Mailing Address:

P.O. BOX 579
NOCATEE, FL 34268 US

FEI Number: 59-2375630

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOWE, EVA
4919 SW SHORES AVE
ARCADIA, FL 34266 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: PST
Name: LOWE, EVA
Address: 1711 SW CR 760A
City-St-Zip: ARCADIA, FL 34266

Title: VP
Name: COKER, SEARS
Address: 5759 NW SCOUT AVE
City-St-Zip: ARCADIA, FL 34266

Title: D
Name: SAFFORD, JACK
Address: 3279 SW FRUITVILLE ESTATES AVE
City-St-Zip: ARCADIA, FL 34266

Title: D
Name: JETER, MIKE
Address: 8255 SW SUNNYBREEZE AVE
City-St-Zip: ARCADIA, FL 34269

Title: D
Name: WEST, DENNIS
Address: 9827 NW PINELEVEL ST
City-St-Zip: ARCADIA, FL 34266

Title: D
Name: ROGERS, WALT
Address: 2680 SW CR 760A
City-St-Zip: ARCADIA, FL 34266

I hereby 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 all other like empowered.

SIGNATURE: EVA LOWE

PST

04/30/2012

Electronic Signature of Signing Officer or Director

Date