

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005053

FILED
Jan 13, 2005
Secretary of State

Entity Name: DOT RICHARDSON SPORTS ASSOCIATION, INC.

Current Principal Place of Business:

1075 W LAKESHORE DR
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

614 E HWY 50
STE 211
CLERMONT, FL 34711

New Mailing Address:

FEI Number: 59-3470283 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RICHARDSON, DOROTHY
1075 W LAKESHORE DR
CLERMONT, FL 34711 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: T () Delete
Name: BROOKS, LEAH
Address: 2667 TAYLOR CREEK RD.
City-St-Zip: CHRISTMAS, FL 32709

Title: VP () Delete
Name: BROOKS, TIM
Address: 2667 TAYLOR CREEK RD
City-St-Zip: CHRISTMAS, FL 32709

Title: P () Delete
Name: RICHARDSON, DOROTHY G
Address: 1075 W LAKESHORE DR
City-St-Zip: CLERMONT, FL 34711

Title: D (X) Delete
Name: SHELLEY, JAMES
Address: 5328 MARY ANN LANE
City-St-Zip: ORLANDO, FL 32810

Title: D (X) Delete
Name: FALES, RANDY
Address: 300 SHERWOOD AVE
City-St-Zip: SATELLITE BEACH, FL 32937

Title: S () Delete
Name: COLLINS, SUE
Address: 15111 ARABIAN WAY
City-St-Zip: MONTVERDE, FL 34756

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
Name:
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 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 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: DOROTHY RICHARDSON

P

01/13/2005

Electronic Signature of Signing Officer or Director

_____ Date