

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 766361

**Entity Name:** DESOTO COUNTY ADULT ATHLETIC ASSOCIATION, INC.

**FILED**  
**Apr 20, 2016**  
**Secretary of State**  
**CC4305667083**

**Current Principal Place of Business:**

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

**Current Mailing Address:**

P.O. BOX 292  
ARCADIA, FL 34265 US

**FEI Number: 59-2375630**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SERENA, DAVID  
8731 SW DEER TRAIL  
ARCADIA, FL 34266 US

*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: DAVID SERENA**

**04/20/2016**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            THOMAS, MICHAEL  
Address        P.O. BOX 292  
City-State-Zip: ARCADIA FL 34265

Title            DIRECTOR  
Name            DAVIS, WILLIAM  
Address        P.O. BOX 292  
City-State-Zip: ARCADIA FL 34265

Title            TREASURER  
Name            SERENA, DAVID  
Address        P.O. BOX 292  
City-State-Zip: ARCADIA FL 34265

Title            DIRECTOR  
Name            BIERMAN, BRANDON  
Address        P.O. BOX 292  
City-State-Zip: ARCADIA FL 34265

Title            D  
Name            ZEPEDA, FERNANDO  
Address        P.O. BOX 292  
City-State-Zip: ARCADIA FL 34265

Title            D  
Name            MERCER, RICKY  
Address        P.O. BOX 292  
City-State-Zip: ARCADIA FL 34265

Title            DIRECTOR  
Name            BROWNING, CHRIS  
Address        P.O. BOX 292  
City-State-Zip: ARCADIA FL 34265

Title            DIRECTOR  
Name            BECKAM, PAUL  
Address        P.O. BOX 292  
City-State-Zip: ARCADIA FL 34265

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*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: DAVID SERENA**

**TREASURER**

**04/20/2016**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            D  
Name            CAMPBELL, WELDEN  
Address        P.O. BOX 292  
City-State-Zip:  ARCADIA FL 34265