

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 766361

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

**FILED**  
**Aug 23, 2017**  
**Secretary of State**  
**CC8030981507**

**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:**

RUTLEDGE, BRIAN  
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: BRIAN RUTLEDGE**

**08/23/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            RUTLEDGE, BRIAN  
Address        PO BOX 292  
City-State-Zip: ARCADIA FL 34265

Title            VP  
Name            BATES, JOBIE  
Address        P.O. BOX 292  
City-State-Zip: ARCADIA FL 34265

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

Title            SECRETARY  
Name            MARES, PEDRO  
Address        P.O. BOX 292  
City-State-Zip: ARCADIA FL 34265

Title            BOARD  
Name            CLARK, GLENN  
Address        P.O. BOX 292  
City-State-Zip: ARCADIA FL 34265

Title            BOARD 2  
Name            HARRIS, STEVEN  
Address        P.O. BOX 292  
City-State-Zip: ARCADIA FL 34265

Title            BOARD 3  
Name            MCCALL, RUSTY  
Address        P.O. BOX 292  
City-State-Zip: ARCADIA FL 34265

Title            BOARD 4  
Name            HORNBAKE, LESTER JR.  
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: BRIAN RUTLEDGE**

**PRESIDENT**

**08/23/2017**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title BOARD 5  
Name SCHAEFER, JOHN  
Address P.O. BOX 292  
City-State-Zip: ARCADIA FL 34265