

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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

FILED
Apr 26, 2013
Secretary of State
CC7238521367

Current Mailing Address:

P.O. BOX 579
NOCATEE, FL 34268 US

FEI Number: 59-2375630

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LOWE, EVA
4919 SW SHORES AVE
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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name SCHAEFER, JOHN
Address P.O. BOX 579
City-State-Zip: NOCATEE FL 34268

Title VP
Name LOWE, EDWARD
Address P.O. BOX 579
City-State-Zip: NOCATEE FL 34268

Title SECRETARY/ TREASURER
Name LOWE, EVA
Address P.O. BOX 579
City-State-Zip: NOCATEE FL 34268

Title DIRECTOR
Name SAFFORD, JACK
Address P.O. BOX 579
City-State-Zip: NOCATEE FL 34268

Title D
Name HORNBAKE, LESTER
Address P.O. BOX 579
City-State-Zip: NOCATEE FL 34268

Title D
Name ROGERS, WALT
Address P.O. BOX 579
City-State-Zip: NOCATEE FL 34268

Title DIRECTOR
Name SCHAEFER, JODI
Address P.O. BOX 579
City-State-Zip: NOCATEE FL 34268

Title DIRECTOR
Name MONACO, CHRIS
Address P.O. BOX 579
City-State-Zip: NOCATEE FL 34268

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

S/T

04/26/2013

Electronic Signature of Signing Officer/Director Detail

Date