

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766361

Entity Name: DESOTO COUNTY ADULT ATHLETIC ASSOCIATION, INC.

FILED
Apr 30, 2014
Secretary of State
CC2944249566

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:

HORNBAKE, LESTER P JR.
2607 NW HOWARD 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: LESTER HORNBAKE JR.

04/30/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

Title TREASURER
Name HORNBAKE, LESTER P JR.
Address P.O. BOX 292
City-State-Zip: ARCADIA FL 34265

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

Title D
Name SCHAEFER, JODI
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 HAZEN, BRENT
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: LESTER HORNBAKE JR.

TREASURER

04/30/2014

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