


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90084 037 \*\*\*\*61.25

<b>DOCUMENT # 704225</b> 1. Entity Name FLORIDA HIGH SCHOOL ATHLETIC ASSOCIATION, INC.	
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Principal Place of Business 1801 NW 80TH BLVD GAINESVILLE, FL 32606 US	Mailing Address 1801 NW 80TH BLVD GAINESVILLE, FL 32606 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country



01192006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-0657413	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  STEWART, JOHN 1801 NW 80TH BLVD GAINESVILLE, FL 32606	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST STEWART, JOHN 1801 NW 80TH BLVD GAINESVILLE, FL 32606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition See attached
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WARD, WILLIAM S JR 2300 KINGSLEY AVE ORANGE PARK, FL 32073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HORNER, DAVE 1614 SE FORT KING ST OCALA, FL 34471 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BETHEL, CHARLES 8441 NE W 197TH TERR HIALEAH, FL 33015 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLALOCK, CHARLES F JR 4280 SW COUNTY RD 152 JASPER, FL 32052 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COTTER, BOB 2750 HAINES BAYSHORE RD CLEARWATER, FL 33760 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **John A. Stewart** **01/26/2006 352-372-9551**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

# ATTACHMENT

BOARD OF DIRECTORS

#704225

40008988

TITLE	P			
NAME	<b>Dave Horner</b>	✓	Change	
ADDRESS	1614 SE Fort King St			
CITY,ST ZIP	Ocala, FL 34471			
TITLE	VP			
NAME	<b>Jeff Malloy</b>	✓	Change	
ADDRESS	8009 SW 14th Ave			
CITY,ST ZIP	Gainesville, FL 32607			
TITLE	D			
NAME	<b>William S. (Sam) Ward Jr.</b>	✓	Change	
ADDRESS	2300 Kingsley Ave			
CITY,ST ZIP	Orange Park, FL 32073			
TITLE	D			
NAME	<b>Charles Bethel</b>			
ADDRESS	8441 NW 197th Terrace			
CITY,ST ZIP	Hialeah, FL 33015			
TITLE	D			
NAME	<b>Charles F. Blalock Jr.</b>		Delete	✓
ADDRESS	4280 SW County Rd 152			
CITY,ST ZIP	Jasper, FL 32052			
TITLE	D			
NAME	<b>Bob Cotter</b>			
ADDRESS	2750 Haines Bayshore Road			
CITY,ST ZIP	Clearwater, FL 33760			
TITLE	D			
NAME	<b>Nickolas R. (Nick) Grasso</b>			
ADDRESS	540 S Hercules Ave			
CITY,ST ZIP	Clearwater, FL 34624			
TITLE	D			
NAME	<b>Tom Greer</b>			
ADDRESS	3020 Comanche Rd			
CITY,ST ZIP	St. Cloud, FL 34772			
TITLE	D			
NAME	<b>J.M. Holtzclaw</b>			
ADDRESS	21809 93rd Dr			
CITY,ST ZIP	O'Brien, FL 32071			
TITLE	D			
NAME	<b>Bruce Irvin</b>		Delete	✓
ADDRESS	3737 N Meridian Rd			
CITY,ST ZIP	Tallahassee, FL 32312			

# ATTACHMENT

BOARD OF DIRECTORS

#704225

40008988

TITLE	D			
NAME	<b>Link Jarrett</b>	Delete	✓	
ADDRESS	1214 Turlington Bldg, Suite 1214			
CITY,ST ZIP	Tallahassee, FL 32399-0400			
TITLE	D			
NAME	<b>Marian Krutulis</b>	Delete	✓	
ADDRESS	6575 N Kendall Dr			
CITY,ST ZIP	Pinecrest, FL 33156			
TITLE	D			
NAME	<b>Michael Lannon</b>	Delete	✓	
ADDRESS	2909 Delaware Ave			
CITY,ST ZIP	Fort Pierce, FL 34947-7299			
TITLE	D			
NAME	<b>Marcos Moran</b>			
ADDRESS	14110 NW 89th Ave			
CITY,ST ZIP	Miami, FL 33018			
TITLE	D			
NAME	<b>Dianne Sanzari</b>			
ADDRESS	7201 W Sample Road			
CITY,ST ZIP	Coral Springs, FL 33065			
TITLE	D			
NAME	<b>Dalton Sheffield</b>			
ADDRESS	P.O. Box 205			
CITY,ST ZIP	Crestview, FL 32536			
TITLE	D			
NAME	<b>Roger Dearing</b>	✓ Addition		
ADDRESS	P.O. Box 9069			
CITY,ST ZIP	Bradenton, FL 34206			
TITLE	D			
NAME	<b>Richard Finlayson</b>	✓ Addition		
ADDRESS	7803 Aucilla Highway			
CITY,ST ZIP	Monticello, FL 32344			
TITLE	D			
NAME	<b>Chris McKeon</b>	✓ Addition		
ADDRESS	3000 SW 87th Avenue			
CITY,ST ZIP	Miami, FL 33165			
TITLE	D			
NAME	<b>Daniel Sims</b>	✓ Addition		
ADDRESS	P.O. Box 5958			
CITY,ST ZIP	Marianna, FL 32447			

# ATTACHMENT

BOARD OF DIRECTORS

#704 22S

40008988

TITLE	D		
NAME	<b>Pamela Stewart</b>	✓	Addition
ADDRESS	325 West Gaines Street Room 514		
CITY,ST ZIP	Tallahassee, FL 32399		