


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 19, 2006 8:00 am**  
**Secretary of State**

01-19-2006 90076 024 \*\*\*\*70.00

<b>DOCUMENT # 709526</b>		
1. Entity Name <b>THE GREATER LAKESHORE ATHLETIC ASSOCIATION, INC.</b>		

Principal Place of Business <b>5372 PARK ST JAX, FL 32210 US</b>	Mailing Address <b>P.O. BOX 6631 JACKSONVILLE, FL 32236 US</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01112006 Chg-NP CR2E037 (11/05)

4. FEI Number <b>59-1802900</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>MOSCHELLA, DIANE 1193 KNOLL DR. W. JACKSONVILLE, FL 32221</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BEASLEY, CINDY			NAME			
STREET ADDRESS	1526 HAMMONDWOOD RD. N			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32221			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LUNSFORD, MIKE			NAME			
STREET ADDRESS	4709 ATTLEBORO ST.			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32205			CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOSCHELLA, DIANE			NAME			
STREET ADDRESS	1193 KNOLL DR. W.			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32221			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE	T LYNN CANNON	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HESS, MARY			NAME			
STREET ADDRESS	1438 DAKAR ST.			STREET ADDRESS	1269 PLYMOUTH PL		
CITY-ST-ZIP	JACKSONVILLE, FL 32205			CITY-ST-ZIP	JACKSONVILLE FL 32205		
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SPILLANE, MICKEY			NAME			
STREET ADDRESS	7717 KNOLL DR. N.			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32221			CITY-ST-ZIP			
TITLE	AD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CANNON, CHRIS			NAME			
STREET ADDRESS	1269 PLYMOUTH PLACE			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32205			CITY-ST-ZIP			

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: DIANE MOSCHELLA PRESIDENT *Diane Moschella* 1-12-06 904-361-8852  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #