


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90109 043 \*\*\*\*70.00

|  |   |   |   |   |  |
|--|---|---|---|---|--|
| <b>DOCUMENT # 709526</b><br>1. Entity Name<br><b>THE GREATER LAKESHORE ATHLETIC ASSOCIATION, INC.</b>  |   |   |   |                                  |  |
| Principal Place of Business<br><b>5372 PARK ST<br/>JAX, FL 32210 US</b>  |   |   | Mailing Address<br><b>P.O. BOX 6631<br/>JACKSONVILLE, FL 32236 US</b> |   |  |
| 2. Principal Place of Business - No P.O. Box #   |   |   | 3. Mailing Address  |   |  |
| Suite, Apt. #, etc.  |   |   | Suite, Apt. #, etc.   |   |  |
| City & State   |   |   | City & State  |   |  |
| Zip  |   | Country   |   | Zip   |  |
| Country  |   | Country   |   | 01162007 Chg-NP CR2E037 (12/06)   |  |
| 4. FEI Number<br><b>59-1802900</b>   |   |   |   | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>   |   |   |   | <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>MOSCHELLA, DIANE<br/>1193 KNOLL DR. W.<br/>JACKSONVILLE, FL 32221</b>  |   |   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |  |
| 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.  |   |   |   | FL Zip Code   |  |
| SIGNATURE _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restate.)</small>   |   |   |   |   |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be Added to Fees</b>  |  |
| <b>Make check payable to Florida Department of State</b>   |   |   |   |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>          |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | S<br>BEASLEY, CINDY<br>1526 HAMMONDWOOD RD. N<br>JACKSONVILLE, FL 32221 | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | SECRETARY<br>SEBRENA KILLIAN-EDWARDS<br>JACKSONVILLE FL   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | V<br>LUNSFORD, MIKE<br>4709 ATTLEBORO ST.<br>JACKSONVILLE, FL 32205     | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | VICE PRESIDENT<br>CINDY BEASLEY<br>1526 HAMMONDWOOD RD N<br>JACKSONVILLE FL 32221                                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P<br>MOSCHELLA, DIANE<br>1193 KNOLL DR. W.<br>JACKSONVILLE, FL 32221    | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | T<br>CANNON, LYNN<br>1269 PLYMOUTH PL<br>JACKSONVILLE, FL 32205         | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>SPILLANE, MICKEY<br>7717 KNOLL DR. N.<br>JACKSONVILLE, FL 32221    | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | AD<br>CANNON, CHRIS<br>1269 PLYMOUTH PLACE<br>JACKSONVILLE, FL 32205    | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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. |   |   |   |   |  |
| <b>SIGNATURE: <u>Diane Moschella</u> DIANE MOSCHELLA 1-16-07 904-361-8152</b>  |   |   |   |   |  |