

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709526

FILED
Jan 26, 2009
Secretary of State

Entity Name: THE GREATER LAKESHORE ATHLETIC ASSOCIATION, INC.

Current Principal Place of Business:

5372 PARK ST
JAX, FL 32210 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 6631
JACKSONVILLE, FL 32236 US

New Mailing Address:

FEI Number: 59-1802900 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MOSCHELLA, DIANE
1193 KNOLL DR. W.
JACKSONVILLE, FL 32221 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: THOMAS, TONYA
Address: 5615 SAN JUAN AV #607
City-St-Zip: JACKSONVILLE, FL 32210

Title: VP () Delete
Name: BEASLEY, CINDY
Address: 1526 HAMMONDWOOD RD NORTH
City-St-Zip: JACKSONVILLE, FL 32221

Title: P () Delete
Name: MOSCHELLA, DIANE
Address: 1193 KNOLL DR. W.
City-St-Zip: JACKSONVILLE, FL 32221

Title: T () Delete
Name: CANNON, LYNN
Address: 1269 PLYMOUTH PL
City-St-Zip: JACKSONVILLE, FL 32205

Title: D () Delete
Name: SPILLANE, MICKEY
Address: 7717 KNOLL DR. N.
City-St-Zip: JACKSONVILLE, FL 32221

Title: AD () Delete
Name: CANNON, CHRIS
Address: 1269 PLYMOUTH PLACE
City-St-Zip: JACKSONVILLE, FL 32205

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: CANNON, LYNN
Address: 1269 PLYMOUTH PL
City-St-Zip: JACKSONVILLE, FL 32205

Title: VP (X) Change () Addition
Name: LACEY, MONTY
Address: 7976 MALTA PL
City-St-Zip: JACKSONVILLE, FL 32210

Title: P (X) Change () Addition
Name: BEASLEY, CINDY
Address: 1526 HAMMONDWOOD RD N
City-St-Zip: JACKSONVILLE, FL 32221

Title: T (X) Change () Addition
Name: MOSCHELLA, DIANE
Address: 1193 KNOLL DR. W.
City-St-Zip: JACKSONVILLE, FL 32221

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DIANE MOSCHELLA

TREA

01/26/2009

Electronic Signature of Signing Officer or Director

Date