

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # 721986

1. Entity Name

**GREATER WEST MELBOURNE ATHLETIC ASSOCIATION,
INC.**



Principal Place of Business

Mailing Address

3000 MINTON RD
W. MELBOURNE FL 32904
US

P.O. BOX 120272
W. MELBOURNE FL 32912-0272
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7206518

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THOMPSON, C. DWAYNE
2475 TURTLE MOUND ROAD
MELBOURNE FL 32935**

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

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 PD ☐ Delete
NAME THOMPSON, C. DWAYNE
STREET ADDRESS 2475 TURTLEMOND RD
CITY- ST- ZIP MELBOURNE FL 32935

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS 000000725088
CITY- ST- ZIP 05/03/07-80008-010 61.25

TITLE VPD ☐ Delete
NAME PENNELLA, JOHN M
STREET ADDRESS 1364 MT CT
CITY- ST- ZIP PALM BAY FL 32907

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE TD ☐ Delete
NAME REED, KIMBERLY J
STREET ADDRESS 1326 PAKENHAM ST NW
CITY- ST- ZIP PALM BAY FL 32907

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE SD ☐ Delete
NAME STRAUS, JULIE T
STREET ADDRESS 3050 OHIO ST
CITY- ST- ZIP MELBOURNE FL 32904

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Kimberly J. Reed* **Kimberly J. REED** 4/19/07 321-728-8108
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #