2001 UNIFORM BUSINESS REPORT (UBR)							
DOCUMENT # 724	773						
ENGLEWOOD AREA ATHLET	IC ASSOCIATION, INC.						
Principal Place of Business	Mailing Address						
	•						
P.O. BOX 518 ENGLEWOOD FL 34295-0518	P.O. BOX 518 ENCYTWOOD EL 24205.05:8						
ENGLEWOOD TE 0420000	ENGLEWOOD FL 34295.05 8 Chonge						
2. Principal Place of Business	3. Mailing Address						
	P.O.BOX2008						
Suite, Apt. #, etc.	Suite, Apt. #, etc.						
City & State	City & State						

Principal Pla	ce of Business	Mailing Address							
P.O. BOX 518 ENGLEWOOD FL 34295-0518 P.O. BOX 518 ENGLEWOOD FL 34295-0518 Change:									
2. Principal I	Place of Business	3. Mailing Address							
Suite, Apt	i. #, etc.	P.O.BOX 2008 - Suite, Apt. #, etc.				. , , , , , , , , , , , , , , , , , , ,	DO NOT WRITE IN TH		1 4.5.
City & Sta	ate	City & State				4. FEI Numbe	er FO 000040	T	Applied For
		ENGLEWOOD Fib				59-2500612			Not Applicable
Zip	Country	34295-o518	Cou	intry ISA		3. Certificate of Status Desired			Additional iired
	6. Name and Address of Current F	Registered Agent	<u> </u>	Name	-	7. Name and	Address of New Registere	ed Agent	
RILEY, KRISTINE M 11433 CLAGGETT AVE PORT CHARLOTTE FL 33981				Street A		CHAEL CIBSON (P.O. Box Number is Not Acceptable) TA VISTA AVE			
					NGLE	WOOD _	_ F	•	223
SIGNATURE	Signature, typed or printed name of registered agent at FILE NOW: FEE IS \$61.25	9. Election Campaigr F Trust Fund Contributi	inancir			May Be	Make Chec		to
10.	OFFICERS AND DIRE	CTORS	11.		۸۲	ODITIONS (CH	ANGES TO OFFICERS AND	DIRECTORS	(N 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RILEY, KRISTINE M 11433 CLAGGETT AVE PORT CHARLOTTE FL 33981	Delete	TITLE NAME STREE	ł	Pre	esident		☐ Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GIBSON, MICHAEL 413 ALTA VISTA AVE ENGLEWOOD FL 34223	Delete	•				dent ids jo Lane joTTE FL 3398	Z¥ Chang	e 🔲 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	A/D YUST, FRANK 1808 WHISPERING PINES CR ENGLEWOOD FL 34224	≥ Delete			824	EAST 7	irector n th ST FL 34224	⊠ Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Barna, John R Jr 13517 Dibella ave Port Charlotte Fl 33981	⊠ Delete			Mand 34 <i>I</i>	asurer Ty Howe ANNAPOL ONDA FL	IS LANE	☆ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SANDS, CHERYL R 14157 CONGO LANE PORT CHARLOTTE FL 33981	Delete			Secr	retary	on ISTA AVE FL 34223	[≯ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD RITA, KATHY 10061 SEABROOK AVE ENGLEWOOD FL 34224	Delete	TITLE NAME STREE		Step 5354	er Dire hanie Flemi	Rafeld	☐ Change	Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that ray 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:

5-21-01 941-475-4852