

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90030 024 ****61.25

DOCUMENT # 729371

1. Entity Name

MIDDLEBURG ATHLETIC ASSOCIATION, INC.



Principal Place of Business

4317 CR 218
MIDDLEBURG FL 32068
US

Mailing Address

PO BOX 305
MIDDLEBURG FL 32050
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2925180

Applied For

Not Applicable

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

HATCHER, SHIRLEY W
4254 BANKS RD
MIDDLEBURG FL 32068

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, 2004

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

TITLE **P** ☐ Delete
NAME JACOLA, JAMES D
STREET ADDRESS 2963 SWAPS COURT
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043

TITLE **VP** ☒ Delete
NAME ROSETTE, JEFF
STREET ADDRESS 4317 CR 218
CITY-ST-ZIP MIDDLEBURG FL 32068

TITLE **S** ☐ Delete
NAME WINN, SUSAN
STREET ADDRESS 1709 BLUE JAY DR
CITY-ST-ZIP MIDDLEBURG FL 32068

TITLE **H** ☐ Delete
NAME HATCHER, SHIRLEY W
STREET ADDRESS 4254 BANKS RD
CITY-ST-ZIP MIDDLEBURG FL 32068

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **David Winn VP** ☐ Change ☒ Addition
NAME
STREET ADDRESS 1709 Blue Jay Dr
CITY-ST-ZIP Middleburg, FL 32068

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

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

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

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

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 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: *Shirley W. Hatcher*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-24-04 904.282-7771