


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2008 08:00 A
Secretary of State

DOCUMENT # 745698 1. Entity Name BIG PINE ATHLETIC ASSOCIATION, INC.	
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Principal Place of Business 30415 LYTTONS WAY BIG PINE KEY, FL 33043 US	Mailing Address PO BOX 430089 BIG PINE KEY, FL 33043 US
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DO NOT WRITE IN THIS SPACE



02052008 No Chg-NP

CR2E037 (4/06)

4. FEI Number 59-2255760	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WADE, SCOTT 1118 BIG PINE AVE BIG PINE KEY, FL 33043
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**DO NOT WRITE
IN THIS SPACE**

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

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLER, STEVE 29245 OLEANDER DR. BIG PINE KEY, FL 33044
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T O'BRIEN, JASON 423 LESROHDE DR RAMROD KEY, FL 33042
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HUGHES, LEE 29563 SARASOTA AVE BIG PINE KEY, FL 33043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BISHOP-MILLER, SUSAN P.O. BOX 430291 BIG PINE KEY, FL 33043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:  **4/9/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #