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Mar 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **753978** (6)

1. Corporation Name

CALLAHAN ATHLETIC ASSOCIATION, INC.

Principal Place of Business

604 S. MICKLER
P.O. BOX 1169
CALLAHAN FL 32011

Mailing Address

604 S. MICKLER
P.O. BOX 1169
CALLAHAN FL 32011-1169

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

3. Date Incorporated or Qualified

08/28/1980

3a. Date of Last Report

04/29/1996

4. FEI Number

59-2117005

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROWN, WALTER
RT 2, BOX 160
CALLAHAN FL 32011

81 Name

BURCH, SCOTT

82 Street Address (P.O. Box Number is Not Acceptable)

3821 BRADDOCK LANE

83

CALLAHAN, FL 32011

84 City

CALLAHAN

FL

85 Zip Code

32011

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Scott Burch

3-24-97

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, WALTER	
STREET ADDRESS	RT. 2, BOX 160	
CITY - ST - ZIP	CALLAHAN FL	

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BURCH, SCOTT	
1.3 STREET ADDRESS	3821 BRADDOCK LANE	
1.4 CITY - ST - ZIP	CALLAHAN, FL 32011	

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BALDERSON, JERRY	
STREET ADDRESS	RT. 2, BOX 281-A	
CITY - ST - ZIP	HILLIARD FL	

2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BURCH, TROY	
2.3 STREET ADDRESS	RT 2 BOX 1355	
2.4 CITY - ST - ZIP	CALLAHAN, FL 32011	

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MUSIC, JOYE	
STREET ADDRESS	P.O. BOX 1783 N/A	
CITY - ST - ZIP	CALLAHAN FL 32011	

3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	LYNCH, DONNA	
3.3 STREET ADDRESS	3300 LISA DR	
3.4 CITY - ST - ZIP	CALLAHAN, FL 32011	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	BOYD, DEBBIE	
STREET ADDRESS	RT 3, BOX 2459	
CITY - ST - ZIP	CALLAHAN FL	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		

TITLE	CCD	<input checked="" type="checkbox"/> DELETE
NAME	MIZELL, ANN	
STREET ADDRESS	P.O. BOX 184 N/A	
CITY - ST - ZIP	CALLAHAN FL 32011	

5.1 TITLE	CCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	MIZELL, KATHY	
5.3 STREET ADDRESS	1880 HODGES RD	
5.4 CITY - ST - ZIP	CALLAHAN, FL 32011	

TITLE	COM	<input checked="" type="checkbox"/> DELETE
NAME	BOYD, NATHAN	
STREET ADDRESS	ROUTE 3 BOX 2459	
CITY - ST - ZIP	CALLAHAN FL	

6.1 TITLE	COM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	GRESSMAN, CHARLIE	
6.3 STREET ADDRESS	1159 GRESSMAN DAIRY RD	
6.4 CITY - ST - ZIP	CALLAHAN, FL 32011	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(1), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Donna Mizell
SIGNATURE AND TYPED OR PRINTED NAME OF JOINING OFFICER OR DIRECTOR

3/24/97

Date

904-879-5326
Daytime Phone # 0000111

CR2E037 (9/96)