

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**


FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90030 014 ****61.25

DOCUMENT # 753978

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/28/1980	
21. <u>None</u>		26. <u>None</u>		4. FEI Number 59-2117005	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	Country	29. Zip	Country		

9. Name and Address of Current Registered Agent

BURCH, SCOTT
3821 BRADDOCK LANE
CALLAHAN FL 32011
*P.O. Box 460
1202 Peachtree Rd
Callahan, FL 32011*

10. Name and Address of New Registered Agent

81. Name None
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City FL 85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1503, 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

1-25-99

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 type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURCH, SCOTT	1.2 NAME	
STREET ADDRESS	3821 BRADDOCK LANE	1.3 STREET ADDRESS	<i>P.O. Box 460</i>
CITY-ST-ZIP	CALLAHAN FL	1.4 CITY-ST-ZIP	<i>Callahan, FL 32011</i>
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURCH, TROY	2.2 NAME	
STREET ADDRESS	RT. 2, BOX 1355	2.3 STREET ADDRESS	<i>123 Burns Rd.</i>
CITY-ST-ZIP	CALLAHAN FL	2.4 CITY-ST-ZIP	<i>Callahan, FL 32011</i>
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYNCH, DONNA	3.2 NAME	
STREET ADDRESS	3300 LISA DR.	3.3 STREET ADDRESS	<i>Tommy Kinser</i>
CITY-ST-ZIP	CALLAHAN FL	3.4 CITY-ST-ZIP	<i>3018 S. Kings Rd Callahan, FL 32011</i>
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYD, DEBBIE	4.2 NAME	
STREET ADDRESS	RT 3, BOX 2459	4.3 STREET ADDRESS	<i>3912 S. US Hwy 301</i>
CITY-ST-ZIP	CALLAHAN FL	4.4 CITY-ST-ZIP	
TITLE	CCD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIZELL, KATHY	5.2 NAME	
STREET ADDRESS	1880 HODGES RD.	5.3 STREET ADDRESS	<i>Merlene Nobles</i>
CITY-ST-ZIP	CALLAHAN FL	5.4 CITY-ST-ZIP	<i>Rt 2 Box 4829 Hilliard, FL 32046</i>
TITLE	COM <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRESSMAN, CHARLIE	6.2 NAME	
STREET ADDRESS	1159 GRESSMAN DAIRY RD.	6.3 STREET ADDRESS	<i>Michael Devereaux</i>
CITY-ST-ZIP	CALLAHAN FL	6.4 CITY-ST-ZIP	<i>2612 Keme Rd. N. Callahan, FL 32011</i>

14. 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 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, with all other like empowered.

SIGNATURE: *Scott Burch* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-99

904 353-4988

Date

Daytime Phone #

CR2E037 (1/98)