

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 27, 2004
Secretary of State**

DOCUMENT# 753978

Entity Name: CALLAHAN ATHLETIC ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 1169
CALLAHAN, FL 32011

New Principal Place of Business:

Current Mailing Address:

PO BOX 1169
CALLAHAN, FL 32011

New Mailing Address:

FEI Number: 59-2117005 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMAS, SHERI K
55162 JEWEL THOMAS ROAD
CALLAHAN, FL 32011 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LEE, JEFFERY A
Address: 274033 MURRHEE RD
City-St-Zip: CALLAHAN, FL 32011

Title: VP () Delete
Name: MACDONALD, JAMES
Address: 949 LIMOUSINE LN
City-St-Zip: BYRCEVILLE, FL 32009

Title: S () Delete
Name: BRINSON, LAURIE
Address: 55021 WHITE OAKS PL
City-St-Zip: CALLAHAN, FL 32011

Title: T () Delete
Name: THOMAS, SHERIE K
Address: 55162 JEWEL THOMAS RD
City-St-Zip: CALLAHAN, FL 32011

Title: CC () Delete
Name: FREEBURN, CERYLE
Address: 55157 EDEN PLACE
City-St-Zip: CALLAHAN, FL 32011

Title: C (X) Delete
Name: COOPER, DUANE
Address: 35123 GATOR NOLE WAY
City-St-Zip: CALLAHAN, FL 32011

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: THOMAS, SHERI K
Address: 55162 JEWEL THOMAS RD
City-St-Zip: CALLAHAN, FL 32011

Title: CC (X) Change () Addition
Name: MANN, NIKIA
Address: 4619 PINEBREEZE BLVD
City-St-Zip: CALLAHAN, FL 32011

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHERI K THOMAS

T

04/27/2004

Electronic Signature of Signing Officer or Director

Date