## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 753978** 

FILED Apr 17, 2007 Secretary of State

Entity Name: CALLAHAN ATHLETIC ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** PO BOX 1169 1 BALLPARK ROAD CALLAHAN, FL 32011 CALLAHAN, FL 32011 **Current Mailing Address: New Mailing Address:** PO BOX 1169 CALLAHAN, FL 32011 FEI Number: 59-2117005 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: THOMAS, SHERI K WRIGHT, MICHELLE T 55162 JEWEL THOMAS ROAD 615171 RIVER ROAD CALLAHAN, FL 32011 CALLAHAN, FL 32011 US 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: MICHELLE T WRIGHT 04/17/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition LEE, JEFFERY A Name: Name: 274033 MURRHEE RD Address: Address: CALLAHAN, FL 32011 City-St-Zip: City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition THOMAS, SHERI K Name: WRIGHT, MICHELLE T Name: Address: 55162 JEWEL THOMAS RD Address: 615171 RIVER RD City-St-Zip: CALLAHAN, FL 32011 City-St-Zip: CALLAHAN, FL 32011 ( ) Delete Title: Title: CC (X) Change ( ) Addition MANN, NIKIA CRIBBS, JOY D Name: Name: 4619 PINEBREEZE BLVD 391595 PROSPECT LANDING Address: Address: City-St-Zip: CALLAHAN, FL 32011 City-St-Zip: HILLIARD, FL 32046 Title: () Delete Title: CC ( ) Change (X) Addition Name: Name: EDWARDS, ANGIE C 14080 UNCLE CHARLIE'S CIRCLE Address: Address: City-St-Zip: City-St-Zip: HILLIARD, FL 32046 Title: () Delete Title: ( ) Change (X) Addition MCDONALD, KELLIE Name: Name: 55009 COOK DRIVE Address: Address: City-St-Zip: City-St-Zip: CALLAHAN, FL 32011 Title: () Delete Title: ( ) Change (X) Addition CHURCH, HOLLY Name: Name: Address: Address: 55049 THOMAS ROAD CALLAHAN, FL 32011 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: MICHELLE T WRIGHT TREA 04/17/2007