

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753978

FILED
Apr 24, 2008
Secretary of State

Entity Name: CALLAHAN ATHLETIC ASSOCIATION, INC.

Current Principal Place of Business:

1 BALLPARK ROAD
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:

WRIGHT, MICHELLE T
615171 RIVER 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: T () Delete
Name: WRIGHT, MICHELLE T
Address: 615171 RIVER RD
City-St-Zip: CALLAHAN, FL 32011

Title: CC () Delete
Name: CRIBBS, JOY D
Address: 391595 PROSPECT LANDING
City-St-Zip: HILLIARD, FL 32046

Title: CC () Delete
Name: EDWARDS, ANGIE C
Address: 14080 UNCLE CHARLIE'S CIRCLE
City-St-Zip: HILLIARD, FL 32046

Title: CC (X) Delete
Name: MCDONALD, KELLIE
Address: 55009 COOK DRIVE
City-St-Zip: CALLAHAN, FL 32011

Title: S (X) Delete
Name: CHURCH, HOLLY
Address: 55049 THOMAS ROAD
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: CC (X) Change () Addition
Name: MANN, NIKKI D
Address: 44029 MAGGIC LANE
City-St-Zip: CALLAHAN, FL 32011

Title: TMC (X) Change () Addition
Name: LEE, ANGELA
Address: 274033 MURRHEE RD
City-St-Zip: HILLIARD, FL 32046

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

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

I hereby certify that the information supplied with this filing does not qualify 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

04/24/2008

Electronic Signature of Signing Officer or Director

Date