2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753978

FILED May 01, 2009 Secretary of State

Entity Name: CALLAHAN ATHLETIC ASSOCIATION, INC.

Current Principal Place of Business:		New Principal Place of Business:
1 BALLPAI CALLAHAI	RK ROAD N, FL 32011	
Current M	lailing Address:	New Mailing Address:
PO BOX 1 CALLAHAI	169 N, FL 32011	
In accordan	: 59-2117005 FEI Number Applied For () ce with s. 607.193(2)(b), F.S., the corporation of I Address of Current Registered Agen	lid not receive the prior notice.
615171 RIV	MICHELLE T VER ROAD N, FL 32011 US	
	named entity submits this statement for e of Florida.	the purpose of changing its registered office or registered agent, or both,
SIGNATUF	RE:	
	Electronic Signature of Registered	Agent Date
OFFICERS	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	P () Delete LEE, JEFFERY A 274033 MURRHEE RD CALLAHAN, FL 32011	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	T () Delete WRIGHT, MICHELLE T 615171 RIVER RD CALLAHAN, FL 32011	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	CC () Delete MANN, NIKKI D 44029 MAGGIC LANE CALLAHAN, FL 32011	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	TMC () Delete LEE, ANGELA 274033 MURRHEE RD HILLIARD, FL 32046	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	() Delete	Title: SEC () Change (X) Addition Name: MANGOLD, AMANDA Address: 55286 DEER RUN RD City-St-Zip: CALLAHAN, FL 32011
Title: Name: Address: City-St-Zip:	() Delete	Title: FR () Change (X) Addition Name: MANGOLD, BRAD Address: 55286 DEER RUN RD City-St-Zip: CALLAHAN, FL 32011
Name: Address:	() Delete	Name: MANGOLD, BRAD Address: 55286 DEER RUN RD

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 WRIGHT TREA 05/01/2009