

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 753978

**FILED**  
**Apr 25, 2012**  
**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  
Name: TURNER, RICK  
Address: 34296 DAYBREAK DRIVE  
City-St-Zip: CALLAHAN, FL 32011

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

Title: CC  
Name: DRIGGERS, LORI  
Address: 54102 EVERGREEN TRAIL  
City-St-Zip: CALLAHAN, FL 32011

Title: TMC  
Name: TURNER, STACEY  
Address: 34296 DAYBREAK DRIVE  
City-St-Zip: CALLAHAN, FL 32011

Title: VP  
Name: ROWELL, JEREMY  
Address: 19550 BLUE MOON DRIVE  
City-St-Zip: HILLIARD, FL 32046

Title: FR  
Name: ROWELL, RENEE  
Address: 19550 BLUE MOON DRIVE  
City-St-Zip: HILLIARD, FL 32046

I hereby 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 all other like empowered.

SIGNATURE: MICHELLE WRIGHT

T

04/25/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date