2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2009
Secretary of State

DOCUMENT# 767583

Entity Name: NORTH FLORIDA ATHLETIC ASSOCIATION, INCORPORATED

Current Principal Place of Business:

8358 EARL CIRCLE WEST
JACKSONVILLE, FL 32219

New Principal Place of Business:

Current Mailing Address:

8358 EARL CIRCLE WEST
JACKSONVILLE, FL 32219

New Mailing Address:

FEI Number: 11-3839351 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SMILEY, JOHNNY F., ESQ.
333 E. BAY STREET
JACKSONVILLE, FL 32202 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:	D	( ) Delete
Name:	KAISER SANDERS,	
Address:	5358 EARL CIR. W	
City-St-Zip:	JAX, FL	
Title:	D	( ) Delete
Name:	GLANDELL DAVIS,	
Address:	1932 BROADWAY AVE.	
City-St-Zip:	JAX, FL 32209	
Title:	T	( ) Delete
Name:	THOMAS, TAWAN A	
Address:	7353 GREYFOX LANE	
City-St-Zip:	JACKSONVILLE, FL 32244	
Title:	S	( ) Delete
Name:	WILLIAMS, JOAN	
Address:	5854GILCHRIST ST	
City-St-Zip:	JACKSONVILLE, FL 32219	
Title:	VD	( ) Delete
Name:	MOORE, ALVA	
Address:	1359 VAN BUREN ST	
City-St-Zip:	JACKSONVILLE, FL	
Title:	P	( ) Delete
Name:	SANDERS, CAROLYN	
Address:	8358 EARL CIR W	
City-St-Zip:	JACKSONVILLE, FL 32219	

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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: CAROLYN SANDERS PRES 03/21/2009
Electronic Signature of Signing Officer or Director — Date