


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 24, 2004 8:00 am
Secretary of State

09-24-2004 90001 047 ****70.00

DOCUMENT # 849395

1. Entity Name
MID-EASTERN ATHLETIC CONFERENCE INCORPORATED



Principal Place of Business
**102 N ELM STREET, SUITE 401
P O BOX 21205
GREENSBORO, NC 27401**

Mailing Address
**102 N ELM STREET, SUITE 401
P O BOX 21205
GREENSBORO, NC 27401**

54073403



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

09222004 Chg-NP CR2E037 (10/03)

4. FEI Number
56-0992403

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**THOMPSON, LYNN
BETHUNE-COOKMAN COLLEGE
640 SECOND AVENUE
DAYTONA BEACH, FL 32015**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST HARRIS, CHARLES S 102 N ELM ST ST 401 GREENSBORO, NC <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST DR DENNIS E THOMAS 102 N ELM STREET GREENSBORO NC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCOY, BRENDA 102 N ELM ST, SUITE 401 GREENSBORO, NC <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DR RAY SHACKLEFORD 640 DR MARY MCLEOD BETHUNE BLVD DAYTONA BEACH FL 32114 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAMS, JAMES DR. NC A&T STATE UNIV./1601 E. MARKET ST. GREENSBORO, NC 27411 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C DR WILLIAM R HARVEY 121 HOLLAND HALL HAMPTON VA 23668 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDP DELAVER, DAVID DR DELAWARE ST.UNI. 1200 N. DUPONT HIGHWAY DOVER, DE 19901 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MALCOLM AUERY 121 HOLLAND HALL HAMPTON VA 23668 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, DENNIS E 102 ELM STE STE 401 GREENSBORO, NC 27401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C CONSTANCIA HAYES 1200 N DUPONT HWY DOVER DE 19901 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELARDER, WILLIAM 1200 N DUPOINT HWY DOVER, DE 19901 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *[Signature]* **336-**
Date: **09-22-04** **275-9961**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #