

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003326

FILED
Mar 07, 2005
Secretary of State

Entity Name: HERNANDO ATHLETIC ASSOCIATION, INC.

Current Principal Place of Business:

10133 HEATHCLIFF ST
SPRING HILL, FL 34608

New Principal Place of Business:

Current Mailing Address:

10133 HEATHCLIFF ST
SPRING HILL, FL 34608

New Mailing Address:

FEI Number: 59-3650722

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAHLA, KATHLEEN K
10133 HEATHCLIFF ST
SPRING HILL, FL 34608 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: PD () Delete
Name: GORDON, DEBRA
Address: 5033 BROMLEY AVE
City-St-Zip: SPRING HILL, FL 34609

Title: SD () Delete
Name: MAHLA, KATHLEEN E
Address: 10133 HEATHCLIFF ST
City-St-Zip: SPRING HILL, FL 34608

Title: TD () Delete
Name: ROSE, KELLEY
Address: 14241 CORONADO DR
City-St-Zip: SPRING HILL, FL 34609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MAHLA, KATHLEEN K
Address: 10133 HEATHCLIFF STREET
City-St-Zip: SPRING HILL, FL 34608

Title: VPD (X) Change () Addition
Name: MCDONALD, KEVIN
Address: 3321 MORVEN DRIVE
City-St-Zip: SPRING HILL, FL 34609

Title: TD (X) Change () Addition
Name: FULKERSON, PATTY
Address: 11154 PACO STREET
City-St-Zip: SPRING HILL, FL 34609

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KATHLEEN K. MAHLA

PD

03/07/2005

Electronic Signature of Signing Officer or Director

Date