2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004031

FILED Apr 20, 2008 Secretary of State

Entity Name: WESLEY CHAPEL ATHLETIC ASSOCIATION, INC.

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
5450 BRUCE B DOWNS PMB 304 WESLEY CHAPEL, FL 33543				5450 BRUCE B DOWNS PMB 304 WESLEY CHAPEL, FL 33544	
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
5450 BRUCE B DOWNS PMB 304 WESLEY CHAPEL, FL 33543				5450 BRUCE B DOWNS PMB 304 WESLEY CHAPEL, FL 33544	
FEI Number	: 59-3653523	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of C	Current Registered Agent:	Name and Address	of New Registered Agent:	
1329 STO	IELD, NANCY I KESLEY PLAC CHAPEL, FL 3	E			
	e named entity : e of Florida.	submits this statement for the	purpose of changing its register	red office or registered agent, or both,	
SIGNATU	RE:				
	Electror	nic Signature of Registered Ag	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	PD () FITZSIMONS, 1 29036 RIVERG WESLEY CHAR	ATE RUN	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () STRINGFIELD, 1329 STOKESI WESLEY CHAF	LEY PLACE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	, ,		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP OSTERMAN, B 1417 CALADES WESLEY CHAR	SI DR.	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: NANCY L STRINGFIELD T 04/20/2008