

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004031

FILED
Mar 22, 2009
Secretary of State

Entity Name: WESLEY CHAPEL ATHLETIC ASSOCIATION, INC.

Current Principal Place of Business:

5450 BRUCE B DOWNS PMB 304
WESLEY CHAPEL, FL 33544

New Principal Place of Business:

Current Mailing Address:

5450 BRUCE B DOWNS PMB 304
WESLEY CHAPEL, FL 33544

New Mailing Address:

FEI Number: 59-3653523

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STRINGFIELD, NANCY L T
1329 STOKESLEY PLACE
WESLEY CHAPEL, FL 33543 US

Name and Address of New Registered Agent:

OLIVER, RICHARD
5450 BRUCE B DOWNS BLVD
PMB 304
WESLEY CHAPEL, FL 33544 US

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: RICHARD OLIVER

03/22/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FITZSIMONS, THOMAS
Address: 29036 RIVERGATE RUN
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: T () Delete
Name: STRINGFIELD, NANCY L
Address: 1329 STOKESLEY PLACE
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: SD () Delete
Name: CAPORALI, MARY-MARGARET
Address: 28475 GREAT BEND PL
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: VP () Delete
Name: OSTERMAN, BRET
Address: 1417 CALADESI DR.
City-St-Zip: WESLEY CHAPEL, FL 33543

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: CLOUSER, TRACY
Address: 5450 BRUCE B DOWNS BLVD PMB 304
City-St-Zip: WESLEY CHAPEL, FL 33544

Title: VP (X) Change () Addition
Name: KOTLYN, JAMES
Address: 5450 BRUCE B DOWNS BLVD PMB 304
City-St-Zip: WESLEY CHAPEL, FL 33544

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

03/22/2009

Electronic Signature of Signing Officer or Director

Date