

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006457

FILED  
Feb 23, 2005  
Secretary of State

**Entity Name:** GREEN COVE SPRINGS ATHLETIC ASSOCIATION, INC.

**Current Principal Place of Business:**

7 WEST STREET  
GREEN COVE SPRINGS, FL 32043

**New Principal Place of Business:**

**Current Mailing Address:**

P.O BOX 1197  
GREEN COVE SPRINGS, FL 32043

**New Mailing Address:**

**FEI Number:** 59-3738010

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GRUBBS, TOBY F  
706 N. MAGNOLIA AVENUE  
GREEN COVE SPRINGS, FL 32043 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: DP ( ) Delete  
Name: GRUBBS, TOBY F  
Address: 706 N. MAGNOLIA AVENUE  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: VP ( ) Delete  
Name: MOODY, RONNIE  
Address: PO BOX 1197  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: D ( ) Delete  
Name: TOTH, LAURA  
Address: PO BOX 1074  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: DT ( ) Delete  
Name: HUGHES, HUBERT  
Address: 1981 SR 16 WEST  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: D ( ) Delete  
Name: HUGHES, TIMOTHY  
Address: 1981 STATE RD 16 WEST  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: DS ( ) Delete  
Name: FOYE, NINA  
Address: 3817 PECK ROAD  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VP (X) Change ( ) Addition  
Name: SWEET, AMAMDA  
Address: PO BOX 1197  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: D (X) Change ( ) Addition  
Name: FOYE, DANNY  
Address: 3817 PECK ROAD  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

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 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: NINA FOYE

DS

02/23/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date