

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006457

FILED
Jan 15, 2009
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:

317 WEST STREET
GREEN COVE SPRINGS, FL 32043

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:

LARUE, LAURIE
1184 LIONS DEN DRIVE
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: V () Delete
Name: JONES, RICK
Address: 5944 CR 209S
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: D () Delete
Name: BARRIE, DAVID
Address: 1622 RIVERS RD.
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: D () Delete
Name: SLONIKER, JEANIE
Address: 1496 RUSSELL RD.
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: T () Delete
Name: LARUE, LAURIE
Address: 1184 LIONS DEN DR
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: P () Delete
Name: BAUER, GREG
Address: 1608 CENTER STREET
City-St-Zip: GREEN COVE SPRINGS, FL 32043

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: P (X) Change () Addition
Name: BAUER, GREG
Address: 1508 CENTER STREET
City-St-Zip: GREEN COVE SPRINGS, FL 32043

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: LAURIE LARUE

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01/15/2009

Electronic Signature of Signing Officer or Director

Date