

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Dec 01, 2011
Secretary of State

DOCUMENT# N01000006457

Entity Name: GREEN COVE SPRINGS ATHLETIC ASSOCIATION, INC.**Current Principal Place of Business:**317 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:**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: P
Name: JONES, RICK
Address: 5944 CR 209S
City-St-Zip: GREEN COVE SPRINGS, FL 32043

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: LAURIE K LARUE

S

12/01/2011

Electronic Signature of Signing Officer or Director

Date