

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006457

FILED  
Apr 24, 2012  
Secretary of State

**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:**

SLONIKER, JEANIE  
1496 RUSSELL RD  
GREEN COVE SPRINGS, FL 32043 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: JEANIE SLONIKER

04/24/2012

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

Title: VP  
Name: ALTIC, JASON  
Address: 3540 RUSSELL RD.  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: D  
Name: MCGEE, JAMES  
Address: WEST ST.  
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: JEANIE SLONIKER

T

04/24/2012

Electronic Signature of Signing Officer or Director

Date