2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000006457

Entity Name: GREEN COVE SPRINGS ATHLETIC ASSOCIATION, INC.

FILED May 01, 2003 Secretary of State

Current Principal Place of Business:			New Princi	New Principal Place of Business:	
7 WEST STREET GREEN COVE SPRINGS, FL 32043					
Current Mailing Address:			New Mailin	New Mailing Address:	
P.O BOX 1197 GREEN COVE SPRINGS, FL 32043					
FEI Number: 59-3738010 FEI Number Applied For () FEI Nu		El Number Not Appli	cable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
COX, JAMES F JR 919 HALE RD GREEN COVE SPRINGS, FL 32043 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				Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	COX, JAMES F J 919 HALE RD	Delete IR PRINGS, FL 32043	Title: Name: Address: City-St-Zip:	()Change()Addition	
Title: Name: Address: City-St-Zip:	CHESSER, NOR 5597 BATTAN BA		Title: Name: Address: City-St-Zip:	VP (X) Change () Addition MOODY, RONNIE PO BOX 1197 GREEN COVE SPRINGS, FL 32043	
Title: Name: Address: City-St-Zip:	TOTH, LAURA PO BOX 892	Delete PRINGS, FL 324043	Title: Name: Address: City-St-Zip:	DS (X) Change () Addition TOTH, LAURA PO BOX 1074 GREEN COVE SPRINGS, FL 32043	
Title: Name: Address: City-St-Zip:	HUGHES, HUBER 1981 SR 16 WE		Title: Name: Address: City-St-Zip:	()Change()Addition	
Title: Name: Address: City-St-Zip:	HUGHES, TIMOT 1981 STATE RD		Title: Name: Address: City-St-Zip:	()Change()Addition	
Title: Name: Address: City-St-Zip:	CHESSER, JACK 5597 BATTAN BA		Title: Name: Address: City-St-Zip:	D (X) Change () Addition GRUBBS, TOBY 706 N. MAGNOLIA AVENUE GREEN COVE SPRINGS, FL 32043	

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: LAURA TOTH DS 05/01/2003

CHARLES TOTH / DIRECTOR PO BOX 1074 GREEN COVE SPRINGS, FL 32043