## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000000406

Name:

Address:

City-St-Zip:

FILED May 17, 2004 Secretary of State

Entity Name: FLORIDA ATHLETIC ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 1625 HACKNEY AVE. ORLANDO, FL 32806 **Current Mailing Address: New Mailing Address:** 1625 HACKNEY AVE ORLANDO, FL 32806 FEI Number: 02-0665106 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MCNEILL, H. GREGORY 215 N. EÓLA DR. ORLANDO, FL 32801 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete YOUNG, TIMOTHY Name: Name: Address: 1625 HACKNEY AVE. Address: City-St-Zip: ORLANDO, FL 32806 City-St-Zip: Title: VD () Delete Title: () Change () Addition Name: TRUJILLO, DARA Name: Address: 5110 JENNIFER PL. Address: City-St-Zip: ORLANDO, FL 32807 City-St-Zip: Title: ( ) Delete Title: (X) Change ( ) Addition YOUNG, STEPHANIE W Name: COLSON, S. DOUGLAS Name: 3418 S. CONWAY RD Address: 1625 HACKNEY AVE. Address: City-St-Zip: ORLANDO, FL 32806 City-St-Zip: ORLANDO, FL 32812 Title: () Delete Title: SD ( ) Change (X) Addition SLEIMAN, JOSEPH

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.

Name:

Address:

City-St-Zip:

2111 E. MICHIGAN ST., STE. 200

ORLANDO, FL 32806

SIGNATURE: TIMOTHY L YOUNG PD 05/17/2004