

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001203

FILED
May 05, 2008
Secretary of State

Entity Name: CHILES CROSS COUNTRY AND TRACK & FIELD CLUB, INC.

Current Principal Place of Business:

7200 LAWTON CHILES LANE
TALLAHASSEE, FL 32312

New Principal Place of Business:

Current Mailing Address:

7200 LAWTON CHILES LANE
TALLAHASSEE, FL 32312

New Mailing Address:

FEI Number: 82-0586129 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LAKE, MICHAEL
3282 LORD MURPHY TRAIL
TALLAHASSEE, FL 32301 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 () Delete
Name: LAKE, MICHAEL
Address: 3282 LORD MURPHY TRAIL
City-St-Zip: TALLAHASSEE, FL

Title: VP () Delete
Name: MILETICH, ROBERT
Address: 4947 SHONNON LAKES EAST
City-St-Zip: TALLAHASSEE, FL 32309

Title: T () Delete
Name: LANE, THERESA
Address: 4711 TROY SOUND LN
City-St-Zip: TALLAHASSEE, FL 32309

Title: S () Delete
Name: MCWILLIAMS, LYNN
Address: 516 CARR LN
City-St-Zip: TALLAHASSEE, FL 32312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BROWN, DAVID
Address: 8054 ARCHER CIRCLE
City-St-Zip: TALLAHASSEE, FL 32309

Title: T (X) Change () Addition
Name: MCWILLIAMS, LYNN
Address: 516 CARR LANE
City-St-Zip: TALLAHASSEE, FL 32312

Title: S (X) Change () Addition
Name: PEARSON, SHARON
Address: 6310 COACH HOUSE COURT
City-St-Zip: TALLAHASSEE, FL 32312

Title: VC (X) Change () Addition
Name: TAYLOR, KIM
Address: 3301 CHEROKEE RIDGE TRAIL
City-St-Zip: TALLAHASSEE, FL 32312

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: LYNN MCWILLIAMS

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05/05/2008

Electronic Signature of Signing Officer or Director

Date