

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90056 023 ****61.25

DOCUMENT # N03000003651					
1. Entity Name FLORIDA CHRISTIAN ATHLETIC LEAGUE, INC.					
Principal Place of Business 4741 SW 20TH ST OCALA, FL 34474			Mailing Address PO BOX 350975 JACKSONVILLE, FL 32235		
2. Principal Place of Business - No P.O. Box # 1520 NW 34th Street		3. Mailing Address 1520 NW 34th Street			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Gainesville, FL		City & State Gainesville, FL		4. FEI Number 81-0609984	
Zip 32605		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THOMAS, J. BERT 4741 SW 20TH ST OCALA, FL 34474			7. Name and Address of New Registered Agent Name: Ben Liles Street Address (P.O. Box Number is Not Acceptable): 1520 NW 34th Street City: Gainesville State: FL Zip Code: 32605		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE Ben Liles		DATE: 3/3/07			
(NOTE: Registered Agent signature required when reinstating)		Filing Fee is \$61.25 Due by May 1, 2007			
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE DP	NAME THOMAS, J. BERT	<input checked="" type="checkbox"/> Delete	TITLE DP	NAME Ben Liles	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4741 SW 20TH ST	STREET ADDRESS 1520 NW 34th Street				
CITY-ST-ZIP OCALA, FL 34474	CITY-ST-ZIP Gainesville, FL 32605				
TITLE DVP	NAME LILES, BEN	<input type="checkbox"/> Delete	TITLE DVP	NAME banny Smith	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1520 NW 34TH ST	STREET ADDRESS 10515 SE 115 Avenue				
CITY-ST-ZIP GAINESVILLE, FL 32605	CITY-ST-ZIP Ocala, FL 34474				
TITLE DT	NAME BOYER, TROY	<input checked="" type="checkbox"/> Delete	TITLE DT	NAME Terry Godwin	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 9570 REGENCY SQUARE BLVD	STREET ADDRESS 110 Peniel Church Road				
CITY-ST-ZIP JACKSONVILLE, FL 32225	CITY-ST-ZIP Palatka, FL 32177				
TITLE DS	NAME LOVETTE, JERRY	<input checked="" type="checkbox"/> Delete	TITLE DS	NAME Stephanie Wyatt	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 3536 NW 8TH AVE	STREET ADDRESS 3536 NW 8 Avenue				
CITY-ST-ZIP GAINESVILLE, FL 32605	CITY-ST-ZIP Gainesville, FL 32605				
TITLE NAME	TITLE NAME				
STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP				
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE: Ben Liles		DATE: 3/3/07			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: 352/378-5190			