## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

					Secreta	ry of St	ate
DOCUMENT # N0300003651  1. Entity Name FLORIDA CHRISTIAN ATHLETIC LEAGUE, INC.						90056 023 ****6	
Principal Place 4741 SW 20 OCALA, FL		Mailing Address PO BOX 350975 JACKSONVILLE, FL 3223	35				
2. Principal F	Place of Business - No P.O. Box # D NW 345+rce	3. Mailing Address	,345tre	(			
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		03012007	Chg-NP	CR2E037 (12/06)	)
City & Stat	nesulle, FC	City & State Gaines ville	D/	4. FEI Numb 81-060		<del></del> +	Applied For Not Applicable
326	Country COUNTRY	Zip 3-2 6 05	Country	5. Certificati	of Status Desired	S8.75 A	dditional
	6. Name and Address of Current R			7 Name and	Address of New I	Registered Agent	
THOMAS,			Name Street Ad	n Liles			
4741 SW 20TH ST OCALA, FL 34474				Street Address (P.O. Box Number is Not Acceptable)			
				esuite			
D. Th. (		<del> </del>	_ Gain	esuille		FL ZZS	<b>605</b>
8. The above the obligat	e named entity submits this statement for tions of registered agent.	the purpose of changing its re	egistered office or r	registered agent, or be	oth, in the State of F	lorida. I am familiar witl	h, and accept
<		~ / SI				41-1.	
		14 ( I)	96			/3/2/07	
SIGNATURE	Signature, typed or printed name of registered agent ar	d title if applicable. (NOTE: I	Registered Agent signature	e required when reinstating)		3/3/07 DATE	<del></del>
	Signature, typed or prigred name of registered agent and Filling Fee is \$61.25  Due by May 1, 2007	9. Election Camp Trust Fund Co	paign Financing	\$5.00 May Added to Feet		DATE  Make check payable rida Department of	
	Filling Fee is \$61.25	9. Election Camp Trust Fund Co	paign Financing	\$5.00 May Added to Feet	Flo	flake check payable	State
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10. TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2007  POP THOMAS, J. BERT 4741 SW 20TH ST	9. Election Camp Trust Fund Co	paign Financing ontribution. [	\$5.00 May Added to Feet ADDITIONS/CH	IANGES TO OFFICE	Make check payable rida Department of ERS AND DIRECTORS	State IN 10
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10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Filing Fee is \$61.25 Due by May 1, 2007  Process AND DIRECT THOMAS, J. BERT 4741 SW 20TH ST OCALA, FL 34474 DVP LILES, BEN	9. Election Camp Trust Fund Co ECTORS	paign Financing patribution.  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	\$5.00 May Added to Feet ADDITIONS/CH DP Ben Gle 1520 n L Gainest DVP DannyS	ianges to office	Alake check payable rida Department of ERS AND DIRECTORS Change TEST STATES TO Change	State IN 10 Addition
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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.

CITY-ST-ZiP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/07 350/378-5191