

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Jun 25, 2008 8:00 am
Secretary of State

06-25-2008 90009 024 ****61.25

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03052008 Chg-NP CR2E037 (12/06)

DOCUMENT # N03000003651					
1. Entity Name FLORIDA CHRISTIAN ATHLETIC LEAGUE, INC.					
Principal Place of Business 1520 NW 345 STREET GAINESVILLE, FL 32605			Mailing Address 1520 NW 345 STREET GAINESVILLE, FL 32605		
2. Principal Place of Business - No P.O. Box # 3536 NW 8 AVENUE			3. Mailing Address P.O. BOX 357430		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State GAINESVILLE, FL		City & State GAINESVILLE, FL		4. FEI Number 81-0609984	
Zip 32605		Country US		Applied For Not Applicable	
Zip 32605		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THOMAS, J. BERT 1520 NW 345 STREET GAINESVILLE, FL 32605			7. Name and Address of New Registered Agent Name: Stephanie Wyatt Street Address (P.O. Box Number is Not Acceptable): 3536 NW 8 AVENUE City: GAINESVILLE 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: <u>Stephanie Wyatt, President</u> Signature, typed or printed name of registered agent and title if applicable.			DATE: <u>April 18, 08</u> (NOTE: Registered agent signature required when reinstating)		
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY - ST - ZIP	DV SMITH, DANNY 10575 SW 115 AVE OCALA, FL 34472	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP Wyatt, Stephanie PO BOX 357430 GAINESVILLE, FL 32653	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP LILES, BEN 1520 NW 34TH ST GAINESVILLE, FL 32605	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV SMITH, DANNY 10515 SE 115 AVENUE OCALA, FL 34472	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT GODWIN, TERRY 110 PENIEL CHURCH ROAD PALATKA, FL 32177	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	same	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS WYATT, STEPHANIE 3536 NW 8TH AVE GAINESVILLE, FL 32605	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS Russell, Tammy 1520 NW 34 Street GAINESVILLE, FL 32605	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<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: <u>STEPHANIE WYATT, President</u>			Date: <u>April 18, 08</u> Daytime Phone #: <u>(352) 378-0926</u>		