

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003651

FILED
Mar 18, 2009
Secretary of State

Entity Name: FLORIDA CHRISTIAN ATHLETIC LEAGUE, INC.

Current Principal Place of Business:

3536 NW 8 AVE
GAINESVILLE, FL 32605

New Principal Place of Business:

Current Mailing Address:

PO BOX 357430
GAINESVILLE, FL 32653

New Mailing Address:

PO BOX 357430
GAINESVILLE, FL 32635

FEI Number: 81-0609984

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WYATT, STEPHANIE
3536 NW 8 AVE
GAINESVILLE, FL 32605 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: DP () Delete
Name: WYATT, STEPHANIE
Address: PO BOX 357430
City-St-Zip: GAINESVILLE, FL 32653

Title: DV () Delete
Name: SMITH, DANNY
Address: 10515 SE 115 AVE
City-St-Zip: OCALA, FL 34472

Title: DT () Delete
Name: GODWIN, TERRY
Address: 110 PENIEL CHURCH ROAD
City-St-Zip: PALATKA, FL 32177

Title: DS () Delete
Name: WYATT, STEPHANIE
Address: 3536 NW 8TH AVE
City-St-Zip: GAINESVILLE, FL 32605

Title: DS (X) Delete
Name: RUSSELL, TAMMY
Address: 1520 NW 34 ST
City-St-Zip: GAINESVILLE, FL 32605

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DV (X) Change () Addition
Name: BOYER, TROY
Address: 8057 ARLINGTON EXPRESSWAY
City-St-Zip: JACKSONVILL, FL 32211

Title: DT (X) Change () Addition
Name: BALDWIN, DARRIN
Address: 10046 HIGHWAY 129 SOUTH
City-St-Zip: LIVE OAK, FL 32064

Title: DS (X) Change () Addition
Name: TAYLOR, CINDY
Address: 4605 NW 21 TERR.
City-St-Zip: GAINESVILLE, FL 32605

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: STEPHANIE WYATT

DP

03/18/2009

Electronic Signature of Signing Officer or Director

Date