

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N05000006705</b> 1. Entity Name <b>SOUTH PUTNAM ATHLETIC ASSOCIATION INC.</b>				<div style="font-size: 2em; font-weight: bold; transform: rotate(-5deg);">FILED</div> <div style="font-size: 1.2em;">06 AUG 23 AM 7:46</div> <div style="font-size: 0.8em;">CLERK OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business 412 N PARK ST CRESCENT CITY, FL 32112 US		Mailing Address 412 N PARK ST CRESCENT CITY, FL 32112 US			
2. Principal Place of Business 318 Basin Drive Suite, Apt. #, etc.		3. Mailing Address 224 Crescent Lane Suite, Apt. #, etc.			
City & State Crescent City, FL Zip 32112 Country USA		City & State Crescent City, FL Zip 32112 Country USA			
4. FEI Number 23-1582287		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent BROWN, CARL D 412 N PARK STREET CRESCENT CITY, FL 32112		7. Name and Address of New Registered Agent Name: Angela Fitzgerald Street Address (P.O. Box Number Not Acceptable): 224 Crescent Lane City: Crescent City, FL Zip Code: 32112			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent to that in the State of Florida. I am familiar with and accept the obligations of registered agent.					
SIGNATURE: <u>Angela Fitzgerald - President</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 8, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BROWN, CARL D 412 N PARK ST. CRESCENT CITY, FL 32112	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Angela Fitzgerald 224 Crescent Lane Crescent City, FL 32112	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ADDISON, ALEX 801 RANDOLPH ST CRESCENT CITY, FL 32112	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President Corey Szafranski PO Box 1e18 Lake Como, FL 32157	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC BROWN, VALARIE K 412 N PARK ST CRESCENT CITY, FL 32112	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary Gloria Williams PO Box 502 Crescent City, FL 32112	<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	Treasurer Patty Cooper 1844 County Rd 308 Crescent City, FL 32112	<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	Football Coordinator Larry Corbitt 127 Lakeside Blvd Lake Como, FL 32157	<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	Cheer Coordinator Jackie Corbitt 127 Lakeside Blvd Lake Como, FL 32157	<input type="checkbox"/> Change <input checked="" 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>Angela Fitzgerald - President</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>8-7-06</u> Daytime Phone #: <u>386-490-2799</u>		

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