

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N06000001615

1. Entity Name
CHAIRES CAPITOLA TACKLE FOOTBALL ASSOCIATION,
INC.



FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 JUL 12 PM 1:35

Principal Place of Business
4768 CHAIRES CROSS ROAD
TALLAHASSEE, FL

Mailing Address
6615 MAHAN DRIVE #119
TALLAHASSEE, FL 32308



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

6615 MAHAN DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. #119

City & State

City & State

Zip

Country

Zip

Country

07122007

Chg-NP

CR2E037 (12/06)

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KOWALCHYK, DEAN C
1538 METROPOLITAN BOULEVARD
SUITE B-2
TALLAHASSEE, FL 32308

7. Name and Address of New Registered Agent

Name

Gunter, Gary

Street Address (P.O. Box Number is Not Acceptable)

1407 AVONDALE WAY

City

TLH

FL

Zip Code

32317

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 Gary Gunter President

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

7-12-07

DATE

Filing Fee is \$61.25
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PRESIDENT ☐ Delete
NAME GARY GUNTER
STREET ADDRESS 1407 AVONDALE WAY
CITY-ST-ZIP TLH, FL 32317

TITLE VICE-PRESIDENT ☐ Delete
NAME JACK RIVERS
STREET ADDRESS
CITY-ST-ZIP

TITLE COMMISSIONER ☐ Delete
NAME YOHANN COHEN
STREET ADDRESS
CITY-ST-ZIP

TITLE COMMISSIONER ☐ Delete
NAME ED HILL
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-12-07

Date

850-414-4494

Daytime Phone #