

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002178

FILED  
Jan 28, 2009  
Secretary of State

Entity Name: OAKLEAF ATHLETIC ASSOCIATION, INC.

## Current Principal Place of Business:

2754 SPOONBILL TRAIL  
ORANGE PARK, FL 32073

## New Principal Place of Business:

620 LONGCREST LANE  
ORANGE PARK, FL 32065

## Current Mailing Address:

P.O. BOX 440155  
JACKSONVILLE, FL 32222

## New Mailing Address:

FEI Number: 20-4383967      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

STEWART, JAMAR M  
2754 SPOONBILL TRL  
ORANGE PARK, FL 32073      US

## Name and Address of New Registered Agent:

STEWART, JAMAR M  
620 LONGCREST LANE  
ORANGE PARK, FL 32065      US

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: JAMAR STEWART

01/28/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P/D ( ) Delete  
Name: STEWART, JAMAR M  
Address: P.O. BOX 440155  
City-St-Zip: JACKSONVILLE, FL 32222

Title: VP ( ) Delete  
Name: FARRELL, WILLIAM  
Address: P.O BOX 440155  
City-St-Zip: JACKSONVILLE, FL 32222

Title: T ( ) Delete  
Name: STEWART, DEBRA L  
Address: P.O. BOX 440155  
City-St-Zip: JACKSONVILLE, FL 32222

Title: C ( ) Delete  
Name: STEWART, CHEYENNE D  
Address: P.O. BOX 440155  
City-St-Zip: JACKSONVILLE, FL 32222

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition  
Name: CARRASCO, EDDIE  
Address: P.O BOX 440155  
City-St-Zip: JACKSONVILLE, FL 32222

Title: VP (X) Change ( ) Addition  
Name: CARTER, JASON  
Address: P.O. BOX 440155  
City-St-Zip: JACKSONVILLE, FL 32222

Title: TR (X) Change ( ) Addition  
Name: GIBSON, MARIA  
Address: P.O. BOX 440155  
City-St-Zip: JACKSONVILLE, FL 32222

Title: S ( ) Change (X) Addition  
Name: STEWART, DEBRA L  
Address: P.O. BOX 440155  
City-St-Zip: JACKSONVILLE, FL 32222

Title: S ( ) Change (X) Addition  
Name: DAVIS, STEPHANIE  
Address: P.O. BOX 440155  
City-St-Zip: JACKSONVILLE, FL 32222

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: JAMAR STEWART

PD

01/28/2009

Electronic Signature of Signing Officer or Director

Date