

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012743

FILED  
Apr 30, 2007  
Secretary of State

**Entity Name:** NORTH FLORIDA SPORTS ACTIVITIES FOR THE DISABLED, INC.

**Current Principal Place of Business:**

482 S.W. JAFUS AVE.  
LAKE CITY, FL 32024

**New Principal Place of Business:**

**Current Mailing Address:**

482 S.W. JAFUS AVE.  
LAKE CITY, FL 32024

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

EXUM, ROBERT  
482 S.W. JAFUS AVE.  
LAKE CITY, FL 32024 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: P, D ( ) Delete  
Name: EXUM, ROBERT  
Address: 482 S.W. JAFUS AVE.  
City-St-Zip: LAKE CITY, FL 320224

Title: VP, D ( ) Delete  
Name: CLARK, JAMIE  
Address: 123 S.E. MARGARET DR.  
City-St-Zip: LAKE CITY, FL 32025

Title: STD ( ) Delete  
Name: CURLOW, DEBORAH  
Address: 123 N.W. WHITE OAK, GLEN  
City-St-Zip: LAKE CITY, FL 32055

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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: ROBERT E. EXUM

P D

04/30/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date