

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004535

FILED  
Apr 18, 2008  
Secretary of State

Entity Name: G & S SPORTS ACADEMY, INC.

## Current Principal Place of Business:

16 MAGNOLIA RIDGE  
CRAWFORDVILLE, FL 32327

## New Principal Place of Business:

## Current Mailing Address:

16 MAGNOLIA RIDGE  
CRAWFORDVILLE, FL 32327

## New Mailing Address:

PO 155  
CRAWFORDVILLE, FL 32326

FEI Number: 20-8981500

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GODWIN, CASEY D  
16 MAGNOLIA RIDGE  
CRAWFORDVILLE, FL 32327 US

## Name and Address of New Registered Agent:

GODWIN, CHANDRA L  
16 MAGNOLIA RIDGE  
CRAWFORDVILLE, FL 32327 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: CHANDRA L. GODWIN

04/18/2008

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: GODWIN, CASEY D  
Address: 16 MAGNOLIA RIDGE  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D ( ) Delete  
Name: GODWIN, CHANDRA L  
Address: 16 MAGNOLIA RIDGE  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: VP (X) Delete  
Name: SLATER, KRISTOPHER  
Address: 76 DUNCAN DR  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D (X) Delete  
Name: BROWN-SLATER, ANDREA  
Address: 76 DUNCAN DR  
City-St-Zip: CRAWFORDVILLE, FL 32327

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition  
Name: GODWIN, CHANDRA L  
Address: 16 MAGNOLIA RIDGE  
City-St-Zip: CRAWFORDVILLE, FL 32327

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: CHANDRA L. GODWIN

D

04/18/2008

Electronic Signature of Signing Officer or Director

Date