

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001633

FILED
Apr 16, 2009
Secretary of State

Entity Name: WEST AUGUSTINE ATHLETIC ASSOCIATION, INC.

Current Principal Place of Business:

894 WEST 6TH ST.
ST. AUGUSTINE, FL 32084

New Principal Place of Business:

Current Mailing Address:

894 WEST 6TH ST.
ST. AUGUSTINE, FL 32084

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:

REID, REICHARD JR.
894 WEST 6TH ST
ST. AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

REID, RICHARD JR.
894 WEST 6TH ST
ST. AUGUSTINE, FL 32084 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: RICHARD REID

04/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: REID, RICHARD JR.
Address: 894 WEST 6TH ST
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: VP () Delete
Name: WHITE, JOEL
Address: 1160 N VOLUSIA ST
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: D () Delete
Name: REID, RICHARD JR.
Address: 894 WEST 6TH
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: T () Delete
Name: OLSEN, MARY
Address: 790 OAKLAND AVE.
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: V () Delete
Name: COOK, ERIN
Address: 894 WEST 6TH ST.
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: S () Delete
Name: GILLIAM, STEPHANIE
Address: 894 WEST 6TH ST.
City-St-Zip: ST. AUGUSTINE, FL 32084

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:

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: MARY OLSEN

T

04/16/2009

Electronic Signature of Signing Officer or Director

Date