

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001633

FILED  
Jan 16, 2010  
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, RICHARD JR.  
894 WEST 6TH ST  
ST. AUGUSTINE, FL 32084 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  
Name: REID, RICHARD JR.  
Address: 894 WEST 6TH ST  
City-St-Zip: ST. AUGUSTINE, FL 32084

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: MARY OLSEN

T

01/16/2010

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

\_\_\_\_\_  
Date