2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002384

FILED Apr 26, 2009 Secretary of State

Entity Name: MONARCH TRACK & CROSS COUNTRY ASSOCIATION, INC

Current Principal Place of Business:	New Principal Place of Business:
MONARCH HIGH SCHOOL	

MONARCH HIGH SCHOOL 5050 WILES ROAD COCONUT CREEK, FL 33073 US

Current Mailing Address: New Mailing Address:

C/O KRISTEN SCHIANO 12133 ROYAL PALM BLVD CORALSPRINGS, FL 33065 US

FEI Number: 41-2272137 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

SCHIANO, KRISTEN M 12133 ROYAL PALM BLVD CORAL SPRINGS, FL 33065 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:

Clashania Cinnakura of Danishara d Anaut

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P
 () Delete
 Title:
 P
 (X) Change () Addition

 Name:
 SOLLEY, JENNIFER
 Name:
 MADRY, ALICIA T

 Address:
 4951 NW 76TH PLACE
 Address:
 4890 N. W. 55TH DRIVE

City-St-Zip: POMPANO BEACH, FL 33073 US City-St-Zip: COCONUT CREEK, FL 33073 US

(X) Change () Addition Title: VP/T () Delete Title: Name: RAPARELLI, ANNE Name: CAMMARONO, ROSANA Address: 1012 NORTH J STREET Address: 4902 CYPRESS WAY City-St-Zip: LAKE WORTH, FL 33460 US City-St-Zip: COCONUT CREEK, FL 33073 US

Title: () Delete Title: (X) Change () Addition SCHIANO, KRISTEN Name: WILLIAMS, BRIGETT Name: 12133 ROYAL PALM BLVD 5051 WILES RD. APT. # 308 Address: Address: City-St-Zip: CORAL SPRINGS, FL 33065 US City-St-Zip: COCONUT CREEK, FL 33073 US

Title: () Delete Title: T () Change (X) Addition

 Name:
 Name:
 YAPP, VILMA

 Address:
 Address:
 3359 MERRICK LANE

 City-St-Zip:
 City-St-Zip:
 MARGATE, FL 33067

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: ALICIA T. MADRY P 04/26/2009