

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006172

FILED
May 04, 2009
Secretary of State

Entity Name: INDIANTOWN ATHLETICS ASSOCIATION INC.

Current Principal Place of Business:

8282 SW TOMMY CLEMENTS LN
INDIANTOWN, FL 34956

New Principal Place of Business:

Current Mailing Address:

8282 SW TOMMY CLEMENTS LN
INDIANTOWN, FL 34956

New Mailing Address:

FEI Number: 35-2340067 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

GARRETT, JOHN
8282 SW TOMMY CLEMENTS LN
INDIANTOWN, FL 34956 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GARRETT, JOHN
Address: 8282 SW TOMMY CLEMENTS LN
City-St-Zip: INDIANTOWN, FL 34956

Title: V () Delete
Name: HARRISON, CRISTOPHER
Address: 8601 SW HOPWOOD AVE.
City-St-Zip: INDIANTOWN, FL 34956

Title: T () Delete
Name: STRIPLING, KIM
Address: 16251 SW MORGAN ST.
City-St-Zip: INDIANTOWN, FL 34956

Title: S () Delete
Name: JONES, LLOYD
Address: 800 SE MONTEREY ROAD
City-St-Zip: STUART, FL 34994

Title: D () Delete
Name: JACKSON, ARDIS
Address: 14742 SW 175TH CT
City-St-Zip: INDIANTOWN, FL 34956

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:

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: JOHN GARRETT

P

05/04/2009

Electronic Signature of Signing Officer or Director

Date