

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000004335

FILED
May 03, 2011
Secretary of State

Entity Name: NORTHEAST RATTLERS SPORTS ASSOCIATION, INC.

Current Principal Place of Business:

1003 RONLIN STREET
HAINES CITY, FL 33844

New Principal Place of Business:

547 SIERRA CIR
DAVENPORT, FL 33837

Current Mailing Address:

1003 RONLIN STREET
HAINES CITY, FL 33844

New Mailing Address:

547 SIERRA CIR
DAVENPORT, FL 33837

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEST, MONICA
547 SIERRA CIRCLE
DAVENPORT, FL 33837 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: HAMILTON, JOSEPH
Address: 1802 BLUE SKY BLVD
City-St-Zip: HAINES CITY, FL 33844

Title: V
Name: STEWART, MERVIN
Address: 113 ROLLINS DR
City-St-Zip: DAVENPORT, FL 33837

Title: T
Name: WEST, MONICA
Address: 547 SIERRA CIRCLE
City-St-Zip: DAVENPORT, FL 33844

Title: S
Name: GAINEY, PATRICIA
Address: 121 OAK HOLLOW DR
City-St-Zip: HAINES CITY, FL 33844

Title: M
Name: BRUNDIDGE, WRENITA
Address: 212 RONALDDALE AVE
City-St-Zip: HAINES CITY, FL 33844

Title: M
Name: WILLIAMS, ANDREW
Address: 1409 NORTH 10TH STREET
City-St-Zip: HAINES CITY, FL 33844

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: MONICA L WEST

T

05/03/2011

Electronic Signature of Signing Officer or Director

Date