

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000002507

**FILED**  
**Jun 13, 2012**  
**Secretary of State**

**Entity Name:** ASTOR ATHLETIC LEAGUE, INC.

**Current Principal Place of Business:**

54905 ALCO ROAD  
ASTOR, FL 32102

**New Principal Place of Business:**

**Current Mailing Address:**

54905 ALCO ROAD  
ASTOR, FL 32102

**New Mailing Address:**

**FEI Number:** 83-0414673

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WATTS, LISA KAYE  
1645 SPRING GARDEN DRIVE  
ASTOR, FL 32102 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:** PD  
**Name:** WATTS, LISA KAYE  
**Address:** 1645 SPRING GARDEN DRIVE  
**City-St-Zip:** ASTOR, FL 32102

**Title:** SD  
**Name:** SMITH, JULIE  
**Address:** 54905 ALCO ROAD  
**City-St-Zip:** ASTOR, FL 32102

**Title:** TD  
**Name:** HOUKS, MARLYN  
**Address:** 54905 ALCO ROAD  
**City-St-Zip:** ASTOR, FL 32102

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:** LISA KAYE WATTS

PRES

06/13/2012

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

\_\_\_\_\_  
Date