

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000000502

FILED  
Feb 22, 2012  
Secretary of State

**Entity Name:** WOODLAND ACRES ATHLETIC ALLIANCE, INC.

**Current Principal Place of Business:**

3430 SIMS DR W  
JACKSONVILLE, FL 32277

**New Principal Place of Business:**

**Current Mailing Address:**

3430 SIMS DR W  
JACKSONVILLE, FL 32277

**New Mailing Address:**

**FEI Number:** 80-0669099

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DUNCAN, WENDELL K  
3430 SIMS DR W  
JACKSONVILLE, FL 32277 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: DP  
Name: DUNCAN, WENDELL K  
Address: 3430 SIMS DR W  
City-St-Zip: JACKSONVILLE, FL 32277

Title: DS  
Name: SMITH, JAMIE  
Address: 3430 SIMS DR W  
City-St-Zip: JACKSONVILLE, FL 32277

Title: DT  
Name: HIGHTOWER, ROBIN D  
Address: 3430 SIMS DR W  
City-St-Zip: JACKSONVILLE, FL 32277

Title: DF  
Name: SMITH, JOHNATHON  
Address: 3430 SIMS DR W  
City-St-Zip: JACKSONVILLE, FL 32277

Title: D  
Name: JONES, ELLIOTT H  
Address: 3430 SIMS DR W  
City-St-Zip: JACKSONVILLE, FL 32277

Title: DVP  
Name: DUNCAN, ROBIN  
Address: 3430 SIMS DR W  
City-St-Zip: JACKSONVILLE, FL 32277

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:** WENDELL DUNCAN

DV

02/22/2012

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

\_\_\_\_\_  
Date