

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2004 8:00 am
Secretary of State

02-20-2004 90004 011 ****61.25

DOCUMENT # N11814					
1. Entity Name BROOKER ATHLETIC ASSOCIATION, INCORPORATED					
Principal Place of Business 12169 CEDAR DR BROOKER, FL 32622 US			Mailing Address SR 18 P.O. BOX 64 BROOKER, FL 32622		
2. Principal Place of Business		3. Mailing Address P.O. Box 64			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Brooker, FL		4. FEI Number 59-2372464	
Zip		Country		Applied For Not Applicable	
Zip 32622		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MELVIN, GENE 17434 MELVIN ST. BROOKER, FL 32622			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MELVIN, GENE 17434 MELVIN ST BROOKER, FL		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TS THOMAS, CHARLENE 17434 MELVIN ST GRAHAM, FL 32042		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 17354 Melvin St. Brooker, FL 32622	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S RAULERSON, SHIRL 11150 S.W. 92ND STREET GRAHAM, FL 32042		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HAIGHT, DENISE 10068 S.W. 112ND AVE GRAHAM, FL 32042		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROULERSON, RANDY 11150 SW 92ND ST BROOKER, FL		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Graham, FL 32042	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP WILLIAMS, MARK 11626 S.W. 163RD AVE BROOKER, FL 32622		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Charlene Thomas - Charlene Thomas</u>			Date: <u>2-5-04</u>		Daytime Phone #: <u>352-485-1022</u>