

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19994

FILED
Jul 11, 2007
Secretary of State

Entity Name: NORMANDY ATHLETIC ASSOCIATION, INC.

Current Principal Place of Business:

1728 LINDSEY ROAD
JACKSONVILLE, FL 32221 US

New Principal Place of Business:

Current Mailing Address:

1728 LINDSEY ROAD
JACKSONVILLE, FL 32221 US

New Mailing Address:

FEI Number: 59-2669051 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
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:

HAWKINS, CHUCK
2736 PARRISH CEMETARY RD
JACKSONVILLE, FL 32221 US

Name and Address of New Registered Agent:

CHAPMAN, JON
12055 W BEAVER ST
JACKSONVILLE, FL 32220 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: JON CHAPMAN

07/11/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HAWKINS, CHUCH
Address: 2736 PARRISH CEMETARY RD.
City-St-Zip: JACKSONVILLE, FL 32221

Title: VP () Delete
Name: GATES, BILL
Address: 667 MARTIN LAKES DR EAST
City-St-Zip: JACKSONVILLE, FL 32220

Title: SD () Delete
Name: BARNETT, DONNA
Address: 3425 JAMMES ROAD
City-St-Zip: JACKSONVILLE, FL 32210

Title: TD () Delete
Name: WILLIAMS, LISA
Address: 11109 OLD PLANK ROAD
City-St-Zip: JACKSONVILLE, FL 32220

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CHAPMAN, JON
Address: 12055 W BEAVER ST
City-St-Zip: JACKSONVILLE, FL 32220

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: WRIGHT, DEBBIE
Address: 5888 GRACE LN
City-St-Zip: JACKSONVILLE, FL 32210

Title: TD (X) Change () Addition
Name: GATES, STEPHANIE
Address: 667 MARTIN LAKES DR E
City-St-Zip: JACKSONVILLE, FL 32220

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: JON CHAPMAN

PRES

07/11/2007

Electronic Signature of Signing Officer or Director

Date