## Dir. of Cap

## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 13, 2008 8:00 am Secretary of State

1. Entity Name NORMANDY ATHLETIC ASSOCIATION, INC.								03-13-2009	8 90043 0	31 ****6	1.25	
1728 LINDSEY ROAD 172			1728 L	ailing Address 728 LINDSEY ROAD CKSONVILLE, FL 32221 US					 I N <b>ain</b> I <b>a</b> na Iana Iana I	1/6/ B/7// B/8// <b>9/</b> 1	F1 B1081 B1881 B18	
2. Principal Place of Business - No P.O. Box #			3. Mailing	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.					02112008	Chg-NP	CR2E03	37 (12/06)	
City & State			City & State					4. FEI Numbe 59-266			<del>_</del>	oplied For of Applicable
Zip	Zip Country		Zip	Zip Cou		ntry		5. Certificate	of Status Desired		\$8.75 Add Fee Require	
	6. Name	and Address of Current	Registered	Agent		Name -		7. Name and	Address of New	Registered	Agent	
CHAPMAN, JON												
12055 W BEAVER ST JACKSONVILLE, FL 32220						Street Add	dress (P	.O. Box Numbe	er is Not Acceptal	ble)		
<u>ś</u> 2				City						FL	Zip Cod	e
	named entity ions of registe	y submits this statement fo ered agent.	or the purpos	e of changing its	registere	ed office or re	registere	ed agent, or bot	th, in the State of	Florida. I am	familiar with,	and accept
SIGNATURE .	Signature, typed	or printed name of registered agent	and title if applica	able. (NOT	E: Registere	d Agent signature	e required v	when reinstating)		DATE		
Filing Fee is \$61.25 Due by May 1, 2008				9. Election Campaign Financing Trust Fund Contribution.					100			
أأبسر الأز	Due by N						<b></b>	\$5.00 May B Added to Fees	le FI	Make checi orida Depar		
10.	· · · · · · · · · · · · · · · · · · ·		RECTORS	Trust Fund (	11.	on. [		Added to Fees	FI ANGES TO OFFIC	orida Depar	RECTORS IN	tate
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 617, Florida Statutes.

SIGNATURE: X

SPATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

904-838021

Daytime Phone