

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 21, 2004  
Secretary of State**

DOCUMENT# N24336

Entity Name: EAST MARION ATHLETIC ASSOCIATION, INC.

**Current Principal Place of Business:**

**New Principal Place of Business:**

P.O. BOX 2292  
SILVER SPRINGS, FL 34489 US

**Current Mailing Address:**

**New Mailing Address:**

P.O. BOX 2292  
SILVER SPRINGS, FL 34489 US

FEI Number: 59-2773761      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

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

SEXTON, JOHNNY E  
12957 N.E. 4TH PL.  
SILVER SPRINGS, FL 34488 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SEXTON, JOHNNY E  
Address: 12957 N.E. 4TH PL.  
City-St-Zip: SILVER SPRINGS, FL 34488

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

Title: D ( ) Delete  
Name: CANTRELL, JEREMY  
Address: 17621 SE 19TH PLACE  
City-St-Zip: SILVERSPRINGS, FL 34488

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

Title: SD ( ) Delete  
Name: SEXTON, SHARI  
Address: 12957 N.E. 4TH PL.  
City-St-Zip: SILVER SPRINGS, FL 34488

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

Title: D ( ) Delete  
Name: SCHMITT, MARGARET  
Address: 1109 S.E. 178TH AVE.  
City-St-Zip: SILVER SPRINGS, FL 34488

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

Title: D ( ) Delete  
Name: BARROSO, JESUS  
Address: 88 NE 167TH AVE.  
City-St-Zip: SILVERSPRINGS, FL 34488

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

Title: D ( ) Delete  
Name: TRUESDELL, TOM  
Address: 18340 SE 60TH ST  
City-St-Zip: OCKLAWAHA, FL 32179

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOHNNY E SEXTON

PD

01/21/2004

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

\_\_\_\_\_  
Date