


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 8:00 am
Secretary of State

01-14-2005 90012 042 ****61.25

DOCUMENT # N24336					
1. Entity Name EAST MARION ATHLETIC ASSOCIATION, INC.					
Principal Place of Business P.O. BOX 2292 SILVER SPRINGS, FL 34489 US			Mailing Address P.O. BOX 2292 SILVER SPRINGS, FL 34489 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SEXTON, JOHNNY E 12957 N.E. 4TH PL. SILVER SPRINGS, FL 34488				Name <u>Truesdell, TOM</u> Street Address (P.O. Box Number is Not Acceptable) <u>18340 SE 60TH ST</u> City <u>Ocklawaha</u> FL Zip Code <u>32179</u>	
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 <u>[Signature]</u> President				DATE <u>1/6/05</u>	
Filing Fee is \$61.25 Due by May 1, 2005				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	PD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SEXTON, JOHNNY E		NAME	Stephanie Jones	
STREET ADDRESS	12957 N.E. 4TH PL.		STREET ADDRESS	530 SE 129TH TER.	
CITY-ST-ZIP	SILVER SPRINGS, FL 34488		CITY-ST-ZIP	Silver Springs, FL 34488	
TITLE	D	<input type="checkbox"/> Delete	TITLE	VP VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANTRELL, JEREMY		NAME		
STREET ADDRESS	17621 SE 19TH PLACE		STREET ADDRESS		
CITY-ST-ZIP	SILVERSPRINGS, FL 34488		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SEXTON, SHARI		NAME	MARK LEVAY	
STREET ADDRESS	12957 N.E. 4TH PL.		STREET ADDRESS	2320 SE 174TH CT	
CITY-ST-ZIP	SILVER SPRINGS, FL 34488		CITY-ST-ZIP	Silver Springs FL 34488	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHMITT, MARGARET		NAME		
STREET ADDRESS	1109 S.E. 178TH AVE.		STREET ADDRESS		
CITY-ST-ZIP	SILVER SPRINGS, FL 34488		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARROSO, JESUS		NAME	Rhonda Levay	
STREET ADDRESS	88 NE 167TH AVE.		STREET ADDRESS	2320 SE 174TH CT	
CITY-ST-ZIP	SILVERSPRINGS, FL 34488		CITY-ST-ZIP	Silver Springs FL 34488	
TITLE	D	<input type="checkbox"/> Delete	TITLE	PD PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRUESDELL, TOM		NAME		
STREET ADDRESS	18340 SE 60TH ST		STREET ADDRESS		
CITY-ST-ZIP	OCKLAWAHA, FL 32179		CITY-ST-ZIP		
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 or without other like empowered.					
SIGNATURE: <u>[Signature]</u> Tom Truesdell				Date <u>1/6/05</u> Daytime Phone # <u>352-427-3730</u>	

50002809



01042005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-2773761 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

Filing Fee is \$61.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SEXTON, JOHNNY E	
STREET ADDRESS	12957 N.E. 4TH PL.	
CITY-ST-ZIP	SILVER SPRINGS, FL 34488	
TITLE	D	<input type="checkbox"/> Delete
NAME	CANTRELL, JEREMY	
STREET ADDRESS	17621 SE 19TH PLACE	
CITY-ST-ZIP	SILVERSPRINGS, FL 34488	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SEXTON, SHARI	
STREET ADDRESS	12957 N.E. 4TH PL.	
CITY-ST-ZIP	SILVER SPRINGS, FL 34488	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHMITT, MARGARET	
STREET ADDRESS	1109 S.E. 178TH AVE.	
CITY-ST-ZIP	SILVER SPRINGS, FL 34488	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BARROSO, JESUS	
STREET ADDRESS	88 NE 167TH AVE.	
CITY-ST-ZIP	SILVERSPRINGS, FL 34488	
TITLE	D	<input type="checkbox"/> Delete
NAME	TRUESDELL, TOM	
STREET ADDRESS	18340 SE 60TH ST	
CITY-ST-ZIP	OCKLAWAHA, FL 32179	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stephanie Jones	
STREET ADDRESS	530 SE 129TH TER.	
CITY-ST-ZIP	Silver Springs, FL 34488	
TITLE	VP VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARK LEVAY	
STREET ADDRESS	2320 SE 174TH CT	
CITY-ST-ZIP	Silver Springs FL 34488	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rhonda Levay	
STREET ADDRESS	2320 SE 174TH CT	
CITY-ST-ZIP	Silver Springs FL 34488	
TITLE	PD PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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SIGNATURE: [Signature] Tom Truesdell Date 1/6/05 Daytime Phone # 352-427-3730