

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 24, 2006
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:

TRUESDELL, TOM
18340 SE 60TH ST
OCKLAWAHA, FL 32179 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: SD () Delete
Name: JONES, STEPHANIE
Address: 530 SE 129TH TER.
City-St-Zip: SILVER SPRINGS, FL 34488

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

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

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

Title: D () Delete
Name: LEVAY, MARK
Address: 2320 SE 174TH CT
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: LEVAY, RHONDA
Address: 2320 SE 17TH CT
City-St-Zip: SILVERSPRINGS, FL 34488

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

Title: PD () 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 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: JEREMY CANTRELL

VP

04/24/2006

Electronic Signature of Signing Officer or Director

Date