

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 11, 2007
Secretary of State

DOCUMENT# N24336

Entity Name: EAST MARION ATHLETIC ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

14445 NE 1ST RD
SILVER SPRINGS, FL 34488 US

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2773761 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:

TRUESDELL, TOM
18340 SE 60TH ST
OCKLAWAHA, FL 32179 US

Name and Address of New Registered Agent:

SCHMITT, MARGARET
1109 S E178TH AVE
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: MARGARET SCHMITT

09/11/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: JONES, STEPHANIE
Address: 530 SE 129TH TER.
City-St-Zip: SILVER SPRINGS, FL 34488

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

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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: MARGARET SCHMITT

TRES

09/11/2007

Electronic Signature of Signing Officer or Director

Date