

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24336

FILED
Apr 15, 2009
Secretary of State

Entity Name: EAST MARION ATHLETIC ASSOCIATION, INC.

Current Principal Place of Business:

14445 NE 1ST RD
SILVER SPRINGS, FL 34488 US

New Principal Place of Business:

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 ()

Name and Address of Current Registered Agent:

MICHEWICZ, BEVIN
13954 NE 46TH ST
SILVER SPRINGS, FL 34488 US

Name and Address of New Registered Agent:

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:

Title: PRES () Delete
Name: MICHEWICZ, HUNTER
Address: 13954 NE 46TH ST
City-St-Zip: SILVER SPRINGS, FL 34488

Title: VP () Delete
Name: BRITT, GENE
Address: 2276 NE 145TH AVE RD
City-St-Zip: SILVER SPRINGS, FL 34488

Title: TRES () Delete
Name: SCHMITT, MARGARET
Address: 1109 SE 178TH AVE
City-St-Zip: SILVER SPRINGS, FL 34488

Title: SEC () Delete
Name: RHODEN, BRENDA
Address: 15157 NE 85 LANE
City-St-Zip: SILVER SPRINGS, FL 34488

Title: DIR () Delete
Name: LARRAMORE, CAROL
Address: 16612 NE 58TH ST
City-St-Zip: SILVER SPRINGS, FL 34488

Title: DIR () Delete
Name: BRITT, JAMIE
Address: 16608 NE 58TH ST
City-St-Zip: SILVER SPRINGS, FL 34488

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
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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

04/15/2009

Electronic Signature of Signing Officer or Director

Date