

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32104

FILED  
Feb 04, 2004  
Secretary of State

Entity Name: ATLANTIC BEACH ATHLETIC ASSOCIATION, INC.

**Current Principal Place of Business:**

RUSSELL PARK  
800 SEMINOLE RD  
ATLANTIC BEACH, FL 32233

**New Principal Place of Business:**

**Current Mailing Address:**

ABAA  
P O BOX 331235  
ATLANTIC BEACH, FL 32233

**New Mailing Address:**

FEI Number: 59-2943997

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HELMSWORTH, DUNCAN  
1100 PENMAN ROAD  
NEPTUNE BEACH, FL 32266

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

HELMSWORTH, DUNCAN  
2277 SEMINOLE RD  
UNIT K  
ATLANTIC BEACH, FL 32233

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:

02/04/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HELMSWORTH, DUNCAN  
Address: 1100 PENMAN RD  
City-St-Zip: NEPTUNE BEACH, FL 32266

Title: VD ( ) Delete  
Name: SHERILL, PETE  
Address: 1884 SEA OATS DRIVE  
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: TD ( ) Delete  
Name: UMBREIT, ROBERT A  
Address: 12846 GREENMEADOW PLACE  
City-St-Zip: JACKSONVILLE, FL 32246

Title: SD ( ) Delete  
Name: GOULDTHREAD, ANNASTASIA  
Address: 13120 QUINCY BAY DRIVE  
City-St-Zip: JACKSONVILLE, FL 32224

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

Title: PD (X) Change ( ) Addition  
Name: HELMSWORTH, DUNCAN  
Address: 2277 SEMINOLE RD, UNIT K  
City-St-Zip: ATLANTIC BEACH, FL 32233

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 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: ROBERT UMBREIT

TD

02/04/2004

Electronic Signature of Signing Officer or Director

Date