

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32104

FILED
Mar 24, 2008
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 (X)

Name and Address of Current Registered Agent:

MOFFIT, JOHN D
1530 SELVA MARINA DRIVE
ATLANTIC BEACH, FL 32233 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: PD () Delete
Name: MOFFIT, JOHN D
Address: 1530 SELVA MARINA DRIVE
City-St-Zip: ATLANTIC BEACH, FL 322433

Title: VD () Delete
Name: CRUISE, JOSEPH F
Address: 2310 BEACHCOMBER TRAIL
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: TD () Delete
Name: CRUISE, ELENI
Address: 2310 BEACHCOMBER TRAIL
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: SD () Delete
Name: SINGLETARY, TERESA
Address: 2410 FALLEN TREE DRIVE WEST
City-St-Zip: JACKSONVILLE, FL 32246

Title: P-PD () Delete
Name: TODD, CHRISTOPHER
Address: 1835 SPICEBERRY CIRCLE WEST
City-St-Zip: JACKSONVILLE, FL 32246

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TD (X) Change () Addition
Name: KRAUS, BOB
Address: 13564 LOBO CT
City-St-Zip: JACKSONVILLE, FL 32224

Title: SD (X) Change () Addition
Name: DUNHAM, SUSAN
Address: 4219 STACEY RD WEST
City-St-Zip: JACKSONVILLE BEACH, FL 32250

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: BOB KRAUS

TD

03/24/2008

Electronic Signature of Signing Officer or Director

Date