

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000000455 (6)

1. Corporation Name

BALDWIN ATHLETIC ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**500 YELLOW WATER RD.
BALDWIN FL 32234
US**

**RT 24, BOX 110
BALDWIN FL 32234
US**

3. Date Incorporated or Qualified
01/28/1993

3a. Date of Last Report
02/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3257862

Applied For

Not Applicable

22

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

23

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

24

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GODBOLD, MARVIN E JR
301 ORANGE AVE.
BALDWIN FL**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BUNN, THOMAS W. J	
STREET ADDRESS	RT. 24, BOX 110	
CITY-ST-ZIP	BALDWIN FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	ASCHENBRENNER, MARTHA	
STREET ADDRESS	500 S. MAIN ST.	
CITY-ST-ZIP	BALDWIN FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	BELL, ADAM	
STREET ADDRESS	P.O. BOX 61	
CITY-ST-ZIP	BRYCEVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ASCHENBRENNER, DENNIS	
STREET ADDRESS	500 S. MAIN STREET	
CITY-ST-ZIP	BALDWIN FL	
TITLE		<input checked="" type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
1.2 NAME	LOYD GRAY
1.3 STREET ADDRESS	545 DREW ST
1.4 CITY-ST-ZIP	BALDWIN 32234
2.1 TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
2.2 NAME	David Thompson
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
3.2 NAME	MARTHA Aschen Brenner
3.3 STREET ADDRESS	500 S. MAIN
3.4 CITY-ST-ZIP	BALDWIN 32234
4.1 TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
4.2 NAME	Stephanie GRAY
4.3 STREET ADDRESS	568 WILLOW AVE
4.4 CITY-ST-ZIP	BALDWIN 32234
5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
5.2 NAME	DA.
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Lloyd A. Gray, Jr.** *[Signature]* **07 March 1996** **(404) 266-0087**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)