

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000604

FILED
Mar 24, 2009
Secretary of State

Entity Name: SANS SOUCI ATHLETIC ASSOCIATION, INC.

Current Principal Place of Business:

6736 BEACH BLVD.
(BEHIND SCHOOL - FIELD PRESS BOX)
JACKSONVILLE, FL 32216 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 16295
JACKSONVILLE, FL 322456295 US

New Mailing Address:

FEI Number: 59-3085770

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RAY, BILL
2434 UNA DR
JACKSONVILLE, FL 322165093 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: D () Delete
Name: MCGILL, DUANE
Address: 1826 WEST ROAD
City-St-Zip: JACKSONVILLE, FL 32216

Title: SD () Delete
Name: MILLER, COREY
Address: 3425 DRUM STREET
City-St-Zip: JACKSONVILLE, FL 32207

Title: D () Delete
Name: RAY, BILL
Address: 2434 UNA DR
City-St-Zip: JACKSONVILLE, FL 322165093

Title: D () Delete
Name: BASS, AARON
Address: 4376 HUDNAL RD.
City-St-Zip: JACKSONVILLE, FL 32207

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BASS, AARON
Address: 4376 HUDNAL ROAD
City-St-Zip: JACKSONVILLE, FL 32207

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

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

Title: D (X) Change () Addition
Name: MCGILL, DUANE
Address: 1826 WEST ROAD
City-St-Zip: JACKSONVILLE, FL 32216

Title: D () Change (X) Addition
Name: LESTER, DARREN
Address: 6105 RIVIERA MANOR
City-St-Zip: JACKSONVILLE, FL 32216

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: BILL RAY

D

03/24/2009

Electronic Signature of Signing Officer or Director

Date