## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N93000000774

FILED Apr 06, 2009 Secretary of State

Entity Name: DINSMORE SPORTS ASSOCIATION, INC.

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
	C CLUB RD. NVILLE, FL 322	19 US		
Current N	/lailing Addres	s:	New Mailing Addres	ss:
P.O. BOX JACKSON	. 26873 NVILLE, FL 322	26		
El Numbe	r: 59-3720897	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name an	d Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:
3505 BAR	JAMES M TH RD NVILLE, FL 322	19 US		
	e named entity s e of Florida.	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,
	e of Florida.	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,
n the Stat	e of Florida.	submits this statement for the ic Signature of Registered Ag		ed office or registered agent, or both,  Date
n the Stat	e of Florida.	ic Signature of Registered Aલ્	gent	
n the Stat	e of Florida.  RE: Electron  S AND DIREC	ic Signature of Registered Aç TORS: Delete S M	gent	Date
n the State  BIGNATU  DFFICER  Title: Name: Address:	e of Florida.  RE: Electron  S AND DIREC  PD () KALLAS, JAME: 6505 BARTH RI JACKSONVILLE	ic Signature of Registered Act  TORS:  Delete S M D E, FL 32219  Delete N T CT	gent  ADDITIONS/CHANG  Title:  Name:  Address:	Date ES TO OFFICERS AND DIRECTO
n the State  BIGNATU  DFFICER  Title: Name: Address: City-St-Zip: Vame: Name: Address:	E of Florida.  RE: Electron  S AND DIREC  PD ()  KALLAS, JAMES 6505 BARTH RI  JACKSONVILLE  S ()  HARRIS, KAREI 2509 WILMONT  JACKSONVILLE	ic Signature of Registered Act  TORS:  Delete S M D E, FL 32219  Delete N C CT E, FL 32219  Delete	gent  ADDITIONS/CHANG  Title: Name: Address: City-St-Zip:  Title: Name: Address:	Date  ES TO OFFICERS AND DIRECTO  ( ) Change ( ) Addition

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: DONNIE MASSIE VPD 04/06/2009