## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N93000001087

FILED Apr 09, 2008 Secretary of State

Entity Name: WHITEHOUSE ATHLETIC ASSOCIATION INC.

Current Principal Place of Business: New Principal Place of Business:

11100 GENERAL AVENUE JACKSONVILLE, FL 32220

Current Mailing Address: New Mailing Address:

1057 LOSTCREEK RD JACKSONVILLE, FL 32220

FEI Number: 02-0690881 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

FERRELL, JULIE

11508 OLD PLANK ROAD

JACKSONVILLE, FL 32220 US

BROWN, MICHELE

1057 LOSTCREEK ROAD

JACKSONVILLE, FL 32220 US

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: MICHELE BROWN 04/09/2008

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: VP ( ) Delete Title: P (X) Change ( ) Addition

 Name:
 JONES, MIKE
 Name:
 JONES, MIKE

 Address:
 1428 BLAIR RD
 Address:
 1428 BLAIR RD

City-St-Zip: JACKSONVILLE, FL 32221 City-St-Zip: JACKSONVILLE, FL 32221

Title: P ( ) Delete Title: VP (X) Change ( ) Addition

 Name:
 CLOWERS, EDGAR
 Name:
 BROMM, JEREMY

 Address:
 2866 WEST 11TH ST
 Address:
 612 MARTIN LAKES DRIVE E

City-St-Zip: JACKSONVILLE, FL 32254 City-St-Zip: JACKSONVILLE, FL 32220

 Name:
 FERRELL, JÜLIE
 Name:
 JÄNNEY, NICHOLE

 Address:
 11025 W BEAVER ST # 513
 Address:
 10575 GRAYSON CT

 City-St-Zip:
 JACKSONVILLE, FL 32220
 City-St-Zip:
 JACKSONVILLE, FL 32220

Title: T ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 BROWN, MICHELE
 Name:

 Address:
 1057 LOSTCREEK RD
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32220
 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: MICHELE BROWN T 04/09/2008