

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001087

FILED
Apr 29, 2009
Secretary of State

Entity Name: WHITEHOUSE ATHLETIC ASSOCIATION INC.

Current Principal Place of Business:

11100 GENERAL AVENUE
JACKSONVILLE, FL 32220

New Principal Place of Business:

Current Mailing Address:

1057 LOSTCREEK RD
JACKSONVILLE, FL 32220

New Mailing Address:

FEI Number: 02-0690881

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, MICHELE
1057 LOSTCREEK ROAD
JACKSONVILLE, FL 32220 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: P () Delete
Name: JONES, MIKE
Address: 1428 BLAIR RD
City-St-Zip: JACKSONVILLE, FL 32221

Title: VP () Delete
Name: BROMM, JEREMY
Address: 612 MARTIN LAKES DRIVE E
City-St-Zip: JACKSONVILLE, FL 32220

Title: S () Delete
Name: JANNEY, NICHOLE
Address: 10575 GRAYSON CT
City-St-Zip: JACKSONVILLE, FL 32220

Title: T () Delete
Name: BROWN, MICHELE
Address: 1057 LOSTCREEK RD
City-St-Zip: JACKSONVILLE, FL 32220

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BROMM, JEREMY
Address: 612 MARTIN LAKES DR
City-St-Zip: JACKSONVILLE, FL 32220

Title: VP (X) Change () Addition
Name: JONES, MIKE
Address: 1428 BLAIR RD
City-St-Zip: JACKSONVILLE, FL 32221

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

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: MICHELE BROWN

TREA

04/29/2009

Electronic Signature of Signing Officer or Director

Date