

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002831

FILED
Jan 18, 2009
Secretary of State

Entity Name: WESCONNETT ATHLETIC ASSOCIATION, INC.

Current Principal Place of Business:

4717 WESCONNETT BLVD.
JACKSONVILLE, FL 32210

New Principal Place of Business:

Current Mailing Address:

4717 WESCONNETT BLVD.
JACKSONVILLE, FL 32210

New Mailing Address:

FEI Number: 59-3050360

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FAULKNER, CONNIE
5818 ENTENADARD
JACKSONVILLE, FL 32244 US

Name and Address of New Registered Agent:

QUINTERN, SANDRA L
4316 ISH BRANT CT. W.
JACKSONVILLE, FL 32210 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: SANDRA QUINTERN

01/18/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: FAULKNER, CONNIE
Address: 5818 ENTENADARD
City-St-Zip: JACKSONVILLE, FL 32244

Title: VD () Delete
Name: STOLP, AIMEE
Address: 6040 KIL KELLY LN
City-St-Zip: JACKSONVILLE, FL 32244

Title: D () Delete
Name: STOLP, VINCE
Address: 8040 KIL KELLY LN
City-St-Zip: JACKSONVILLE, FL 32244

Title: T () Delete
Name: TAYLOR, MARYANN
Address: 7228 WORTHINGTON RD
City-St-Zip: JACKSONVILLE, FL 32244

Title: S (X) Delete
Name: WARREN, CHRISTINA
Address: 5014 BLAKBURN ST
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: FAULKNER, CONNIE
Address: 5818 ENTENADARD
City-St-Zip: JACKSONVILLE, FL 32244

Title: PT (X) Change () Addition
Name: QUINTERN, SANDRA
Address: 4316 ISH BRANT CT W
City-St-Zip: JACKSONVILLE, FL 32210

Title: VP (X) Change () Addition
Name: CHAMPINE, CRYSTAL
Address: 4544 TIMUQUANA RD.
City-St-Zip: JACKSONVILLE, FL 32210

Title: S (X) Change () Addition
Name: HUDSON, KARMEN
Address: 1418 MANOTAK PT. DR. APT 108
City-St-Zip: JACKSONVILLE, FL 32210

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: SANDRA QUINTERN

PT

01/18/2009

Electronic Signature of Signing Officer or Director

Date