

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003588

FILED
Apr 28, 2009
Secretary of State

Entity Name: MAXVILLE CIVIC ATHLETIC ASSOCIATION, INC.

Current Principal Place of Business:

18065 PENNSYLVANIA AVENUE
JACKSONVILLE, FL 32234 US

New Principal Place of Business:

Current Mailing Address:

18065 PENNSYLVANIA AVENUE
JACKSONVILLE, FL 32234 US

New Mailing Address:

FEI Number: 59-3206265 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUNTON, EDWARD L
20236 S.R.228 W.
JACKSONVILLE, FL 32234 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: BUNTON, EDWARD L
Address: 20236 S.R.228W.
City-St-Zip: JACKSONVILLE, FL 32234

Title: V () Delete
Name: WRIGHT, JIM
Address: 9052 C.R. 217
City-St-Zip: JACKSONVILLE, FL 32234

Title: D () Delete
Name: PAINE, HONCHO
Address: 334 MC CLELLAND ROAD
City-St-Zip: JACKSONVILLE, FL 32234

Title: S () Delete
Name: FUNK, LINDA
Address: 5559 LONG BRANCH ROAD
City-St-Zip: JACKSONVILLE, FL 32234

Title: T () Delete
Name: HORNE, ERICA
Address: 8571 MAXVILLE BLVD
City-St-Zip: JACKSONVILLE, FL 32234

Title: P/C () Delete
Name: MCCLELLAND, HEATHER
Address: 6342 MEMORY LN.
City-St-Zip: JACKSONVILLE, FL 32234

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: A (X) Change () Addition
Name: SHEPHERD, ALLEN
Address: 6169 PULKA RD
City-St-Zip: JACKSONVILLE, FL 32234

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

Title: T (X) Change () Addition
Name: SHEPHERD, PATRICIA
Address: 6169 PULKA RD
City-St-Zip: JACKSONVILLE, FL 32234

Title: C (X) Change () Addition
Name: NORMAN, AMY
Address: 891 CR 217
City-St-Zip: JACKSONVILLE, FL 32234

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: LINDA M. FUNK

S

04/28/2009

Electronic Signature of Signing Officer or Director

Date