

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002682

FILED
Feb 27, 2005
Secretary of State

Entity Name: THE ATHLETIC TRAINERS ASSOCIATION OF FLORIDA, INC.

Current Principal Place of Business:

238 CHESTNUT RIDGE ST.
WINTER SPRINGS, FL 32708 US

New Principal Place of Business:

Current Mailing Address:

238 CHESTNUT RIDGE ST.
WINTER SPRINGS, FL 32708 US

New Mailing Address:

FEI Number: 65-0612869

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRUNETT, MARISA
238 CHESTNUT RIDGE STREET
WINTER SPRINGS, FL 32708 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: DP () Delete
Name: BRUNETT, MARISA
Address: 238 CHESTNUT RIDGE STREET
City-St-Zip: WINTER SPRINGS, FL 32708

Title: DS () Delete
Name: FARLEY, CHRISTINA
Address: 20300 RALSTON STREET
City-St-Zip: ORLANDO, FL 32833

Title: DV () Delete
Name: GILLIS, GARRY
Address: 10717 APPALOOSA DR.
City-St-Zip: JACKSONVILLE, FL 32257

Title: DT () Delete
Name: HAMMONS, GLENDA
Address: 1126 FOX MILL DRIVE
City-St-Zip: TALLAHASSEE, FL 32317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 for the exemption stated in Section 119.07(3)(i), 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: GLENDA HAMMONS

DT

02/27/2005

Electronic Signature of Signing Officer or Director

Date