

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002682

FILED
Mar 23, 2009
Secretary of State

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

Current Principal Place of Business:

5404 BRERETON AVE
ORLANDO, FL 32839 US

New Principal Place of Business:

12780 WATERFORD LAKES PARKWAY, SUITE 115
ORLANDO, FL 32828 US

Current Mailing Address:

5404 BRERETON AVE
ORLANDO, FL 32839 US

New Mailing Address:

12780 WATERFORD LAKES PARKWAY, SUITE 115
ORLANDO, FL 32828 US

FEI Number: 65-0612869

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LENNON, STEPHANIE A
5404 BRERETON AVENUE
ORLANDO, FL 32839 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: LENNON, STEPHANIE A
Address: 5404 BRERETON AVENUE
City-St-Zip: ORLANDO, FL 32839

Title: DS () Delete
Name: HAMMONS, BOB
Address: 100 W. GORE STREET
City-St-Zip: ORLANDO, FL 32806

Title: DV () Delete
Name: STARR, LARRY M
Address: 3516 MAHOGANY WAY
City-St-Zip: CORAL SPRINGS, FL 33065

Title: DT () Delete
Name: BIAGGI, WILLIAM
Address: 9815 BRODBECK BLVD
City-St-Zip: ORLANDO, FL 32832

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 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: WILLIAM BIAGGI

WB

03/23/2009

Electronic Signature of Signing Officer or Director

Date