

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000002682

**FILED**  
**Jan 13, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

12780 WATERFORD LAKES PARKWAY, SUITE 115  
ORLANDO, FL 32828 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:**

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

Title: DV  
Name: HAMMONS, BOB  
Address: 100 W. GORE STREET  
City-St-Zip: ORLANDO, FL 32806

Title: DS  
Name: HAMMONS, GLENDA M  
Address: 100 W. GORE STREET  
City-St-Zip: ORLANDO, FL 32806

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

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM BIAGGI

DT

01/13/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date