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FILED

Apr 30 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS**DOCUMENT # N94000002916 (4)**

1. Corporation Name

**WEST PUTNAM ATHLETIC ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

P. O. BOX 1832  
INTERLACHEN FL 32148P. O. BOX 1832  
INTERLACHEN FL 32148-18323. Date Incorporated or Qualified  
**04/05/1990**3a. Date of Last Report  
**03/22/1996**

2. Principal Place of Business

2a. Mailing Address

21 **P.O. Box 1832**  
Suite, Apt. #, etc.26 **P.O. Box 1832**  
Suite, Apt. #, etc.22  
City & State27  
City & State23 **Interlachen FL**  
Zip Country28 **Interlachen FL**  
Zip Country24 **32148**25 **USA**29 **32148**30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEVINE, MARK S**  
**245 EAST VIRGINIA ST.**  
**TALLAHASSEE FL 32301**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **TP** ☐ DELETE  
NAME **MCCLENDON, FRANK**  
STREET ADDRESS **RT 1 BOX 129 A**  
CITY-ST-ZIP **HAWTHORNE FL 32840**1.1 TITLE **TP** ☒ Change ☐ Addition  
1.2 NAME **Annis Art**  
1.3 STREET ADDRESS **star Rt Box 376**  
1.4 CITY-ST-ZIP **Palatka, FL 32177**TITLE **DD** ☐ DELETE  
NAME **MCCLENDON, TYE**  
STREET ADDRESS **RT 1 BOX 130**  
CITY-ST-ZIP **HAWTHORNE FL 32840**2.1 TITLE **DV** ☒ Change ☐ Addition  
2.2 NAME **Jenkins, Tommy**  
2.3 STREET ADDRESS **Interlachen, FL 32148**  
2.4 CITY-ST-ZIP **Interlachen, FL 32148**TITLE **TS** ☐ DELETE  
NAME **TURNER, VALERIE**  
STREET ADDRESS **112 BIRCHDALE TR.**  
CITY-ST-ZIP **INTERLACHEN FL 32148**3.1 TITLE **TS** ☒ Change ☐ Addition  
3.2 NAME **Johns, Cindy**  
3.3 STREET ADDRESS **P.O. Box 91**  
3.4 CITY-ST-ZIP **Hollister, FL 32177**TITLE **T** ☐ DELETE  
NAME **DARRS, JOYCE**  
STREET ADDRESS **RT 4 BOX 23 C**  
CITY-ST-ZIP **INTERLACHEN FL 32148**4.1 TITLE **T** ☒ Change ☐ Addition  
4.2 NAME **DAVIS, Joyce**  
4.3 STREET ADDRESS **Rt 4 Box 23-G**  
4.4 CITY-ST-ZIP **Interlachen, FL 32148**TITLE **D** ☐ DELETE  
NAME **MCCLENDON, FRANK**  
STREET ADDRESS **RT. 1 BOX 129A**  
CITY-ST-ZIP **HAWTHORNE FL 32840**5.1 TITLE **D** ☒ Change ☐ Addition  
5.2 NAME **Annis Art**  
5.3 STREET ADDRESS **star Rt Box 376**  
5.4 CITY-ST-ZIP **Palatka, FL 32177**TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **ATSONAORE REQUIRED**

4-21-97 904-684-2122

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone 8002003

CR2E037 (9/96)