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**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90103 048 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N94000002916**

1. Corporation Name  
**WEST PUTNAM ATHLETIC ASSOCIATION, INC.**

Principal Place of Business P. O. BOX 1832 INTERLACHEN FL 32148	Mailing Address P. O. BOX 1832 INTERLACHEN FL 32148
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/05/1990
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3009985
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 29	Country 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent  LEVINE, MARK S 245 EAST VIRGINIA ST. TALLAHASSEE FL 32301	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 NAME STREET ADDRESS CITY-ST-ZIP	TP ANNIS, ART STAR RT, BOX 376 PALATKA FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	President Schaus, Smokey 127 Darby RD Hollister FL 32147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHAUS, SMOKEY 127 DARBY RD HOLLISTER FL 32147	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VPresident mills, Eric 431 Wilson Dr. Interlachen, FL 32148
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LLOYD, DARLEEN DUNCAN AVE INTERLACHEN FL 32148	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Secretary mills, George 431 Wilson Dr. Interlachen, FL 32148
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DAVIS, JOYCE RT. 4, BOX 23-G INTERLACHEN FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Treasurer Crisstone, mary 110 Rose Dr. Interlachen, FL 32148
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANNIS, ART STAR RT BOX 376 PALATKA FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	Director Schaus, Smokey 127 Darby RD. Hollister, FL 32148
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ **SIGNATURE REQUIRED** \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: January 8, 98 Daytime Phone #: 684-6041

CR2E037 (1/1/98)