2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2005
Secretary of State

DOCUMENT# N94000002916

Entity Name: WEST PUTNAM ATHLETIC ASSOCIATION, INC.

Current Principal Place of Business:

P. O. BOX 1832
INTERLACHEN, FL 32148

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 1832
INTERLACHEN, FL 32148

New Mailing Address:

FEI Number: 59-3009985 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEVINE, MARK S
245 EAST VIRGINIA ST.
TALLAHASSEE, FL 32301 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: TPD ( ) Delete
Name: TRULL, BRYAN
Address: 135 PARK STREET
City-St-Zip: INTERLACHEN, FL 32148

Title: VPD ( ) Delete
Name: RICKETTS, THOMAS
Address: 117 SANDPIPER DRIVE
City-St-Zip: HAWTHORNE, FL 32640

Title: TD ( ) Delete
Name: SHUROCK, VALERIE
Address: 138 WALL LAKE TR
City-St-Zip: MELROSE, FL 32147

Title: S (X) Delete
Name: WEAVER, COLENE
Address: 104 CANOE DRIVE
City-St-Zip: INTERLACHEN, FL 32148

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: PROX, TODD
Address: PO BOX 1941
City-St-Zip: INTERLACHEN, FL 32148

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

Title: T (X) Change ( ) Addition
Name: RICKETTS, GLENDA
Address: 117 SANDPIPER DR.
City-St-Zip: HAWTHORNE, FL 32640

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: TODD PROX P 02/22/2005

Electronic Signature of Signing Officer or Director — Date