

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002102

FILED  
Feb 27, 2009  
Secretary of State

**Entity Name:** FORESTVIEW ATHLETIC ASSOCIATION, INC.

**Current Principal Place of Business:**

9027 WILTON AVENUE WEST  
JACKSONVILLE, FL 32208

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 9253  
JACKSONVILLE, FL 32208 US

**New Mailing Address:**

**FEI Number:** 91-1874254      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MARSHALL, REESE ESQ.  
201 WEST UNION STREET  
JACKSONVILLE, FL 32202 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: P ( ) Delete  
Name: BULLARD, HAYWARD  
Address: 10430 SONG SPARROW LANE  
City-St-Zip: JACKSONVILLE, FL 32218

Title: V ( ) Delete  
Name: TURNER, PATRICK  
Address: 5474 SANDERS AVENUE  
City-St-Zip: JACKSONVILLE, FL 32277

Title: T ( ) Delete  
Name: BARR, SHERRI  
Address: 1378 MARSH HEN DRIVE  
City-St-Zip: JACKSONVILLE, FL 32218

Title: S ( ) Delete  
Name: STONEY, DONNA  
Address: 1337 HIGH PLAINS DRIVE WEST  
City-St-Zip: JACKSONVILLE, FL 32218

Title: D ( ) Delete  
Name: WESLEY, ERIC  
Address: 9428 FLECHETTE AVENUE  
City-St-Zip: JACKSONVILLE, FL 32208

**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:

Title: D (X) Change ( ) Addition  
Name: WESLEY, ERIC  
Address: 12130 ARMSDALE ROAD  
City-St-Zip: JACKSONVILLE, FL 32218

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: SHERRI BARR

T

02/27/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date