

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005599

FILED
Apr 30, 2009
Secretary of State

Entity Name: FORT CAROLINE ATHLETIC ASSOCIATION, INC.

Current Principal Place of Business:

11751 MCCORMICK RD
JACKSONVILLE, FL 32225 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 351135
JACKSONVILLE, FL 322351135 US

New Mailing Address:

FEI Number: 59-3478332

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAIN, SHELLEY G
1841 RALEY ROAD
JACKSONVILLE, FL 32225 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: PD () Delete
Name: HEBERT, THOMAS
Address: POST OFFICE BOX 351135
City-St-Zip: JACKSONVILLE, FL 32235

Title: VP/D () Delete
Name: HAMBY, KELVIN
Address: POST OFFICE BOX 351135
City-St-Zip: JACKSONVILLE, FL 32235

Title: T () Delete
Name: CAIN, SHELLEY G
Address: 1841 RALEY ROAD
City-St-Zip: JACKSONVILLE, FL 32225

Title: SEC () Delete
Name: HARRINGTON, CHANTAL
Address: POST OFFICE BOX 351135
City-St-Zip: JACKSONVILLE, FL 32235

Title: D () Delete
Name: MATICE, KENNETH
Address: POST OFFICE BOX 351135
City-St-Zip: JACKSONVILLE, FL 32235

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP/D (X) Change () Addition
Name: MUNNELL, TODD
Address: POST OFFICE BOX 351135
City-St-Zip: JACKSONVILLE, FL 32235

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

Title: SEC (X) Change () Addition
Name: WEBER, TROY
Address: POST OFFICE BOX 351135
City-St-Zip: JACKSONVILLE, FL 32235

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

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: SHELLEY GILL CAIN

T

04/30/2009

Electronic Signature of Signing Officer or Director

Date