2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N98000000888

Entity Name: MARIETTA BULLSBAY ATHLETIC ASSOCIATION INC.

Current Principal Place of Business:

361 BULLSBAY HWY
JACKSONVILLE, FL 32220

New Principal Place of Business:

Current Mailing Address:

PO BOX 6663
JACKSONVILLE, FL 32236

New Mailing Address:

FEI Number: 05-0559255 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FIELDS, KEVIN M
4050 IMESON RD
JACKSONVILLE, FL 322202845 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: FIELDS, KEVIN M
Address: 4050 IMESON RD
City-St-Zip: JACKSONVILLE, FL 322202845

Title: TD ( ) Delete
Name: LIVINGOOD, ED
Address: 2139 PATOU DR
City-St-Zip: JACKSONVILLE, FL 32210

Title: D ( ) Delete
Name: THOMPSON, MARK
Address: 8570 LORI ANN CT
City-St-Zip: JACKSONVILLE, FL 32220

Title: S ( ) Delete
Name: FIELDS, LISA G
Address: 4050 IMESON ROAD
City-St-Zip: JACKSONVILLE, FL 32220 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TD (X) Change ( ) Addition
Name: ROARK, JULIE
Address: 9374 JERRY ACRES LANE
City-St-Zip: JACKSONVILLE, FL 32220

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

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: LISA G. FIELDS S 04/30/2009

Electronic Signature of Signing Officer or Director — Date