

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006455

FILED
Apr 24, 2009
Secretary of State

Entity Name: SHALIMAR ATHLETIC ASSOCIATION, INC.

Current Principal Place of Business:

130 LAKE LORRAINE CIR
SHALIMAR, FL 32579

New Principal Place of Business:

Current Mailing Address:

PO BOX 142
SHALIMAR, FL 32579

New Mailing Address:

FEI Number: 59-3624297 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KELLY, BILLY W
130 LAKE LORRAINE CIR
SHALIMAR, FL 32579 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: D () Delete
Name: CAMPBELL, JAMES C
Address: #4 11TH AVENUE, SUITE 2
City-St-Zip: SHALIMAR, FL 32579

Title: PD () Delete
Name: KELLY, BILLY W
Address: 130 LAKE LORRAINE CIR
City-St-Zip: SHALIMAR, FL 32579

Title: VD () Delete
Name: CREWS, JOEY
Address: 880 BRANDE CT
City-St-Zip: SHALIMAR, FL 32579

Title: D () Delete
Name: PATTISON, MARK
Address: 21 BAYSHORE DR
City-St-Zip: SHALIMAR, FL 32579

Title: D () Delete
Name: CASTLEBERRY, MICHAEL
Address: 545 E TIMBERLAKE DR
City-St-Zip: SHALIMAR, FL 32579

Title: D () Delete
Name: MCMORROW, GARY
Address: 103 POQUITO RD
City-St-Zip: SHALIMAR, FL 32579

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
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Address:
City-St-Zip:

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: BILLY W. KELLY

DP

04/24/2009

Electronic Signature of Signing Officer or Director

_____ Date