

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006307

FILED
Aug 26, 2009
Secretary of State

Entity Name: CHIEFLAND AREA ATHLETIC ASSOCIATION, INC.

Current Principal Place of Business:

11950 NW 110 TERRACE
CHIEFLAND, FL 32626

New Principal Place of Business:

Current Mailing Address:

PO BOX 1844
CHIEFLAND, FL 32644

New Mailing Address:

FEI Number: 59-3610421 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WEATHERFORD, WAYNE
11950 NW 110TH TERR.
CHIEFLAND, FL 32626 US

Name and Address of New Registered Agent:

MAINWARING, LEWRISSA
4551 NW 100TH AVE
CHIEFLAND, FL 32626 US

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: LEWRISSA MAINWARING

08/26/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: WEATHERFORD, WAYNE
Address: 11950 NW 110TH TERR.
City-St-Zip: CHIEFLAND, FL 32626

Title: DVP () Delete
Name: ANDERSON, JIMMY
Address: 1771 NW ALT 27
City-St-Zip: CHIEFLAND, FL 32626

Title: S () Delete
Name: LANGFORD, DANA
Address: 3551 NW 140TH ST
City-St-Zip: CHIEFLAND, FL 32626

Title: T () Delete
Name: DENIER, CHERYL
Address: POB 268
City-St-Zip: GULF HAMMOCK, FL 32639

Title: D () Delete
Name: MORGAN, MICKEY
Address: 8991 NW 111 LANE
City-St-Zip: CHIEFLAND, FL 32626

Title: D () Delete
Name: HINOTE, BILLY
Address: 3350 NW 57 CRT
City-St-Zip: CHIEFLAND, FL 32626

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change () Addition
Name: SMITH, LIZ
Address: 106 SE 4TH ST
City-St-Zip: CHIEFLAND, FL 32626

Title: T (X) Change () Addition
Name: MAINWARING, LEWRISSA
Address: 4551 NW 100TH AVE
City-St-Zip: CHIEFLAND, FL 32626

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: LEWRISSA MAINWARING

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08/26/2009

Electronic Signature of Signing Officer or Director

Date