

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N10922** (5)

1. Corporation Name

YULEE ATHLETIC ASSOCIATION, INC.



Principal Place of Business

Mailing Address

314 PAGE'S DAIRY RD
P. O. BOX 731
YULEE FL 32097

314 PAGE'S DAIRY RD
P. O. BOX 731
YULEE FL 32097

3. Date Incorporated or Qualified
08/29/1985

3a. Date of Last Report
10/19/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number

59-2708076

Applied For
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**JONES, RONNIE C
626 PHILLIPS ROAD
YULEE FL 32097**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Ronnie C Jones

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/1/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE
NAME **SAWYER, KEITH**
STREET ADDRESS **BROOKE DR**
CITY-ST-ZIP **YULEE FL**

11 TITLE **PD** ☒ Change ☐ Addition
12 NAME **McBeth, Tina**
13 STREET ADDRESS **1857 Radio Ave.**
14 CITY-ST-ZIP **Yulee, FL 32097**

TITLE **VPD** ☒ DELETE
NAME **BARNIAC, JACK**
STREET ADDRESS **240 RADIO AVE**
CITY-ST-ZIP **YULEE FL**

21 TITLE **VPD** ☒ Change ☐ Addition
22 NAME **Cuthrell, Kim**
23 STREET ADDRESS **1353 Gerbing Rd.**
24 CITY-ST-ZIP **Fern. Bch., FL 32034**

TITLE **SD** ☒ DELETE
NAME **MCBETH, TINA**
STREET ADDRESS **240 RADIO AVE.**
CITY-ST-ZIP **YULEE FL**

31 TITLE **SD** ☒ Change ☐ Addition
32 NAME **Colson, Kathy**
33 STREET ADDRESS **430 Miner Rd.**
34 CITY-ST-ZIP **Yulee, FL 32097**

TITLE **TD** ☒ DELETE
NAME **REGISTER, DENNIS**
STREET ADDRESS **SPRING MEADOW**
CITY-ST-ZIP **YULEE FL**

41 TITLE **TD** ☒ Change ☐ Addition
42 NAME **McBeth, Coy**
43 STREET ADDRESS **1857 Radio Ave**
44 CITY-ST-ZIP **Yulee, FL 32097**

TITLE **D** ☐ DELETE
NAME **JONES, RONNIE**
STREET ADDRESS **626 PHILLIPS RD.**
CITY-ST-ZIP **YULEE FL**

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **REYNOLDS, MICHELE**
STREET ADDRESS **DICK KING ROAD**
CITY-ST-ZIP **YULEE FL**

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Tina M. McBeth

Tina M. McBeth

3-1-96

(904) 225-9176

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)