7-15-97 B-7955-C

FILE NOW: FILING FEE IS $61.25

FILED
Jul 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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 32097-7701

3. Date Incorporated or Qualified: 08/29/1985
3a. Date of Last Report: 03/06/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 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: McBeth, Coy D.
82 Street Address (P.O. Box Number is Not Acceptable): 1857 Radio Ave
83: Yulee FL 32097
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 Coy McBeth, TREASURER 07-09-97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MCBETH, TINA		1.2 NAME		
STREET ADDRESS	1857 RADIO AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	YULEE FL		1.4 CITY-ST-ZIP		
TITLE	VPD	☒ DELETE	2.1 TITLE	VPD	☒ Change ☐ Addition
NAME	CUTHRELL, KIM		2.2 NAME	Samus, Joe	
STREET ADDRESS	1353 GERBING ROAD		2.3 STREET ADDRESS	199 River Oaks Dr	
CITY-ST-ZIP	FERN. BCH FL		2.4 CITY-ST-ZIP	Amelia Island, FL 32034	
TITLE	SD	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	COLSON, KATHY		3.2 NAME		
STREET ADDRESS	430 MINER ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	YULEE FL		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MCBETH, COY		4.2 NAME		
STREET ADDRESS	1857 RADIO AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	YULEE FL		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	JONES, RONNIE		5.2 NAME	WAYNE JOHNSON	
STREET ADDRESS	626 PHILLIPS RD.		5.3 STREET ADDRESS	POBox 258	
CITY-ST-ZIP	YULEE FL		5.4 CITY-ST-ZIP	YULEE, FL 32041	
TITLE	D	☒ DELETE	6.1 TITLE	D	☒ Change ☐ Addition
NAME	REYNOLDS, MICHELE		6.2 NAME	LOVITT, WENDY	
STREET ADDRESS	DICK KING ROAD		6.3 STREET ADDRESS	PO BOX 6117	
CITY-ST-ZIP	YULEE FL		6.4 CITY-ST-ZIP	FERN. BCH. FL 32034	

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

Coy McBeth 07-09-97