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Jul 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MCBETH, COY D
1857 RADIO AVE
YULEE FL 32097

10. Name and Address of New Registered Agent

81 Name: Vickie Samus
82 Street Address (P.O. Box Number is Not Acceptable): 199 River Oaks Dr
83: Fernandina Beach
84 City: FL 85 Zip Code: 32034

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: Vickie D Samus Treasurer 4-22-98
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	Pres.D	☒ Change ☐ Addition
NAME	MCBETH, TINA		1.2 NAME	Joe Samus	
STREET ADDRESS	1857 RADIO AVE		1.3 STREET ADDRESS	199 River Oaks Dr	
CITY-ST-ZIP	YULEE FL		1.4 CITY-ST-ZIP	Fernandina Beach, FL 32034	
TITLE	VPD	☐ DELETE	2.1 TITLE	~~Jay Frank~~ VPD	☒ Change ☐ Addition
NAME	SAMUS, JOE		2.2 NAME	Jay Frank	
STREET ADDRESS	199 RIVER OAKS DR		2.3 STREET ADDRESS	1985 Eady Ln	
CITY-ST-ZIP	AMELIA ISLAND FL		2.4 CITY-ST-ZIP	Yulee, FL 32097	
TITLE	TD	☐ DELETE	3.1 TITLE	Treas.D	☒ Change ☐ Addition
NAME	MCBETH, COY		3.2 NAME	Vickie Samus	
STREET ADDRESS	1857 RADIO AVE		3.3 STREET ADDRESS	199 River Oaks Dr	
CITY-ST-ZIP	YULEE FL		3.4 CITY-ST-ZIP	Fernandina Beach, FL 32034	
TITLE	D	☐ DELETE	4.1 TITLE	S D	☒ Change ☐ Addition
NAME	JOHNSON, WAYNE		4.2 NAME	Terri Johnson	
STREET ADDRESS	P O BOX 258 N/A		4.3 STREET ADDRESS	Po Box 258 N/A	
CITY-ST-ZIP	YULEE FL		4.4 CITY-ST-ZIP	Yulee FL 32041	
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	LOVITT, WENDY		5.2 NAME		
STREET ADDRESS	P O BOX 6117 N/A		5.3 STREET ADDRESS		
CITY-ST-ZIP	FERN BCH FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. I 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.

SIGNATURE: 4-22-98 904 321-4124