

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 # 722903 (2)
1. Corporation Name
METRO-JACKSONVILLE ATHLETIC ASSOCIATION, INC.



Principal Place of Business
**523 S. ELLIS RD.
JACKSONVILLE FL 32254**

Mailing Address
**523 S. ELLIS RD.
JACKSONVILLE FL 32254**

3. Date Incorporated or Qualified
03/14/1972

3a. Date of Last Report
12/07/1995

2. Principal Place of Business
21 1072 DETROIT CIR
Suite, Apt. #, etc.

2a. Mailing Address
26 1072 DETROIT CIR
Suite, Apt. #, etc.

22 City & State
23 JACKSONVILLE FL

27 City & State
28 JACKSONVILLE FL

24 Zip
32254

25 Country
USA

29 Zip
32254

30 Country
USA

4. FEI Number
59-2278619

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

**JEFFORDS, LEON K
523 S. ELLIS RD.
JACKSONVILLE FL 32254**

10. Name and Address of New Registered Agent

81 Name R L LOMBARDI

82 Street Address (P.O. Box Number is Not Acceptable)
1072 DETROIT CIR

83

84 City JACKSONVILLE FL

85 Zip Code 32254

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 **R L LOMBARDI**

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

(NOTE: Registered Agent signature required when reinstating)

3/27/96

DATE

12. OFFICERS AND DIRECTORS

TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	JEFFORD, LEON K.	
STREET ADDRESS	523 S. ELLIS RD.	
CITY-ST-ZIP	JACKSONVILLE FL 32254	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	KRESTALUDE, LARRY	
STREET ADDRESS	4107 COQUINA DR	
CITY-ST-ZIP	JAX FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MUSSELEH, NORMAN	
STREET ADDRESS	2262 LARCHMONT RD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	R L LOMBARDI	
1.3 STREET ADDRESS	1072 DETROIT CIR	
1.4 CITY-ST-ZIP	JACKSONVILLE FL 32254	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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:

R L LOMBARDI

R L LOMBARDI

3/27/96

786-3360

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)