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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1998

DOCUMENT #

FILED						
Feb 24 1998 8:00am						
Secretary of State						

METHO-JACKSONVILLE ATHLETIC ASSOCIATION, INC.							
Principal Plac	e of Business	Malling Address				T CONTINE SOURD STOOM STATES INVITE BEGIND STATES OF	
851 NORTH MARM #104 JACKSONVILLE US		851 NORTH MARKET STREET RM #104 JACKSONVILLE FL 32202-2798 US				3. Date Incorporated or Qualified 03/14/1972 4. FEI Number Applied For	
						59-2278619 Not Applicable	
21	lace of Business	2a. Mailing Address 26				Certificate of Status Desired Sa.75 Additional Fee Required	
Suite, Apt.		Suite, Apt. #, etc.				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
City & Stat	0	City & State				7. Is this nonprofit corporation a homeowners association?	
Zip			Cou	intry		8. This corporation owes or has paid the current year intangible	
24	25	29 30				Personal Property Tax due June 30. Yes No	
<u> </u>	9. Name and Address of Curre	nt Registered Agent		B1	Name	10. Name and Address of New Registered Agent	
MCCOB	MACK E K ID			וים	Name	·	
	MCCORMACK, E K JR. 851 NORTH MARKET STREET			82	Street Addr	ess (P.O. Box Number is Not Acceptable)	
RM #10	4			83			
JACKSO	NVILLE FL 32202-2798			84	City	El 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	Signature, typed or printed name of registered ag	ent and title if applicable (N	NOTE: Registered	i Agent	t signature require	ed when reinstating) DATE	
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD	☐ DELETE	1.1 Til	TLE .		☐ Change ☐ Addition	
NAME	MCCORMACK, E K JR		1.2 NA	ME			
STREET ADDRESS	2935 KNIGHTS LANE EAST JACKSONVILLE FL 32218				DDRESS		
CITY-ST-ZIP TITLE	PD PD	☐ DELETE	1.4 CI	1Y-ST-	ZIP	☐ Change ☐ AddItion	
NAME	KRESTALUDE, LARRY	C better	2.7 NA			C circle	
STREET ADDRESS	4107 COQUINA DR				DORESS		
CITY-ST-ZIP	JACKSONMLLE FL		2. 4 CI	TY-ST	-ZIP		
TALE	VD	DELETE	3.1 TiT	LE		☐ Change ☐ Addition	
NAME	MISSLEH, NORMAN		3.2 NA	-	ļ		
STREET ADDRESS	2262 LARCHMONT RD JACKSONVILLE FL				DDRESS		
CITY-ST-ZIP TITLE	WINDOWN THELE TE	DELETE	3.4. CI 4.1 TIT	TY-ST	-ZIP	☐ Chance ☐ Addition	
NAME		- Descrit	4.2 N/			Grange Addition	
STREET ADDRESS					DDRESS		
CITY-ST-ZIP				Y-ST-	ŀ		
TITLE		☐ DELETE	5.1 TfT	LE		☐ Change ☐ Addition	
NAME			5.2 NA			,	
STREET ADDRESS					DDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	5.4 CIT 6.1 TIT	_	ZIP	Change Addition	
NAME			6.1 III 6.2 NA		1	: Claige Addition	
STREET ADDRESS					DDRESS		
CITY-ST-ZIP				Y-ST-	1	4	
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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.