

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90002 004 ****61.25

DOCUMENT # 722903

1. Entity Name

METRO-JACKSONVILLE ATHLETIC ASSOCIATION, INC.



Principal Place of Business

750 ESTATES COVE RD
JACKSONVILLE FL 32221
US

Mailing Address

750 ESTATES COVE RD
JACKSONVILLE FL 32221
US

2. Principal Place of Business

8021 Boonesborough Trl
Suite, Apt. #, etc.

3. Mailing Address

8021 BOONESBOROUGH Trl
Suite, Apt. #, etc.



MOORE

CR2E037 (11/03)

City & State

JACKSONVILLE, FL

City & State

Jacksonville, FL

4. FEI Number

59-2278619

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPARKS, JIM
750 ESTATES COVE ROAD
JACKSONVILLE FL 32221

7. Name and Address of New Registered Agent

Name USSERY, Tommy L.
Street Address (P.O. Box Number is Not Acceptable)
8021 Boonesborough Trail
City JACKSONVILLE FL Zip Code 32244

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Tommy L. Usery

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-26-04

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	PROVOST, ROY D	
STREET ADDRESS	4325 HARLON BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL 32210-4929	
TITLE	VP	<input type="checkbox"/> Delete
NAME	TEAGLE, JOHN	
STREET ADDRESS	P.O. BOX 441324	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	SPARKS, JIM	
STREET ADDRESS	750 ESTATES COVE RD	
CITY-ST-ZIP	JACKSONVILLE FL 32221	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	USSERY, Tommy L.	
STREET ADDRESS	8021 Boonesborough Trail	
CITY-ST-ZIP	JACKSONVILLE, FL 32244	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Tommy L. Usery
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-04

Date

904-7795104

Daytime Phone #