


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 16, 2006 8:00 am**  
**Secretary of State**

02-16-2006 90031 033 \*\*\*\*61.25

**DOCUMENT # 722903**

1. Entity Name  
**FLORIDA FIRST COAST AMATEUR SOFTBALL ASSOCIATION METRO JACKSONVILLE ATHLETIC ASSOCIATION, INC.**



Principal Place of Business  
**8021 BOONESBOROUGH TRAIL  
 JACKSONVILLE, FL 32244 US**

Mailing Address  
**8021 BOONESBOROUGH TRAIL  
 JACKSONVILLE, FL 32244 US**



2. Principal Place of Business  
**10555 Serena Dr**  
 Suite, Apt. #, etc.

3. Mailing Address  
**10555 Serena Dr**  
 Suite, Apt. #, etc.

02132006 Chg-NP CR2E037 (11/05)

City & State  
**Jax Fla**

City & State  
**Jacksonville, Fla**

Zip  
**32225**

Country  
**Duval**

Zip  
**32225**

Country  
**Duval**

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

**USSERY, TOMMY L  
 8021 BOONESBOROUGH TRAIL  
 JACKSONVILLE, FL 32244**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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: *Lora Radiches ST* DATE: 2/13/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
 Due by May 1, 2006**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P USSERY, TOMMY L 8021 BOONESBOROUGH TRAIL JACKSONVILLE, FL 32244</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP HARGROVE, JIMMIE 6510 WINDING GREENS DR JACKSONVILLE, FL 32244</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST RADICHES, LORA 10555 SERENA DRIVE JACKSONVILLE, FL 32225</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP James E. Knight II 1552 Bonaventure Avenue Green Cove Springs, Florida</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Lora Radiches* **Lora Radiches** DATE: 2/13/06

Signature and typed or printed name of signing officer or director

904-645-5077