

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

<b>DOCUMENT # 722903</b> 1. Entity Name <b>FLORIDA FIRST COAST AMATEUR SOFTBALL ASSOCIATION METRO JACKSONVILLE ATHLETIC ASSOCIATION, INC.</b>			
Principal Place of Business <b>8021 BOONESBOROUGH TRAIL JACKSONVILLE, FL 32244 US</b>		Mailing Address <b>8021 BOONESBOROUGH TRAIL JACKSONVILLE, FL 32244 US</b>	
2. Principal Place of Business <b>10555 Serena Dr</b> Suite, Apt. #, etc.		3. Mailing Address <b>10555 Serena Dr</b> Suite, Apt. #, etc.	
City & State <b>Jax Fl 9</b> Zip <b>32225</b> Country <b>Duval</b>		City & State <b>Jacksonville, Fl 9</b> Zip <b>32225</b> Country <b>Duval</b>	
4. FEI Number <b>59-2278619</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>USSERY, TOMMY L 8021 BOONESBOROUGH TRAIL JACKSONVILLE, FL 32244</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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: <u><i>Lora Radiches</i></u> <b>ST</b> <span style="float: right;"><b>2/13/06</b></span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>USSERY, TOMMY L</b> <input type="checkbox"/> Delete <b>8021 BOONESBOROUGH TRAIL</b> <b>JACKSONVILLE, FL 32244</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <input checked="" type="checkbox"/> Delete <b>HARGROVE, JIMMIE</b> <b>6510 WINDING GREENS DR</b> <b>JACKSONVILLE, FL 32244</b>	<b>JP</b> <b>James E. Knight II</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1552 Bonaventure Avenue</b> <b>Green Cove Springs, Florida</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <input type="checkbox"/> Delete <b>RADICHES, LORA</b> <b>10555 SERENA DRIVE</b> <b>JACKSONVILLE, FL 32225</b>	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"/> Delete	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"/> Delete	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"/> Delete	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: <u><i>Lora Radiches</i></u> <b>Lora Radiches</b> <span style="float: right;"><b>2/13/06</b></span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

904-645-5077