# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 13, 2004 8:00 am**
**Secretary of State**
02-13-2004 90007 032 ****70.00

DOCUMENT # 723115

1. Entity Name
LAKEWOOD JR. SPARTANS YOUTH ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 4801 31ST STREET<br>B<br>SAINT PETERSBURG, FL 33712 | P.O. BOX 530083<br>ST. PETERSBURG, FL 33747 |

01262004 Chg-NP CR2E037 (10/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 59-1844501 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| WILLIAMS, TONJUA L<br>1701 63RD TERRACE SOUTH<br>SAINT PETERSBURG, FL 33712 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing 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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>WILLIAMS, TONJUA<br>1701 63RD TERR S<br>SAINT PETERSBURG, FL 33712 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>GOODWIN, JAMES<br>6830 23RD STREET S<br>SAINT PETERSBURG, FL 33712 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>Antron McDonald<br>6410 23rd Street So, Apt. 481<br>St. Petersburg, FL 33712<br>☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>BROWN, KIM<br>3736 23RD AVENUE NORTH<br>SAINT PETERSBURG, FL 33713 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>EDWARDS, KARON<br>2411 UNION STREET SOUTH<br>SAINT PETERSBURG, FL 33712 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>HARTZOG, KEVIN<br>2697 COLUMBUS WAY SOUTH<br>SAINT PETERSBURG, FL 33712 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D.<br>Rick Coleman<br>4242 Cardinal Way South<br>St. Petersburg, FL 33712<br>☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

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:** Tonjua Williams 2/4/04 727 501-3305
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #