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FILED

Feb 28 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 729363 (2)

1. Corporation Name

RONDETTE ATHLETIC ASSOCIATION, INC.

Principal Place of Business

Mailing Address

7967 FORT CAROLINE ROAD
PO BOX 11645
JACKSONVILLE FL 322117967 FORT CAROLINE ROAD
PO BOX 11645
JACKSONVILLE FL 32239-16453. Date Incorporated or Qualified
04/16/19743a. Date of Last Report
06/28/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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25

29

30

4. FEI Number
59-2954781Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KERLIN, HEATHER F.
2212 BROAD WATER COURT
JACKSONVILLE FL 32225

10. Name and Address of New Registered Agent

81 Name Charles J. Shearin

82 Street Address (P.O. Box Number is Not Acceptable)
14216 Pleasant P+ Lane

83

84 City

Jacksonville

FL

85 Zip Code
32225

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 *Charles J. Shearin*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2-19-97

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KERLIN, HEATHER F.	
STREET ADDRESS	2212 BROAD WATER COURT	
CITY-ST-ZIP	JAX FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ANDREWS, BRUCE	
STREET ADDRESS	12637 MUIRFIELD BLVD. N	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	CARTER, BEVERLY	
STREET ADDRESS	12565 TWILIGHT LANE	
CITY-ST-ZIP	JAX FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	CASH, THOMAS M	
STREET ADDRESS	7244 WHITE BIRCH DR	
CITY-ST-ZIP	JAX FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SINGLEY, SUSAN	
STREET ADDRESS	8518 INDIAN AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Shearin, Charles J.	
1.3 STREET ADDRESS	14216 Pleasant P+ Lane	
1.4 CITY-ST-ZIP	JAX FL 32225	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Landis, Jeff	
2.3 STREET ADDRESS	1785 Chandelier Cir E	
2.4 CITY-ST-ZIP	JAX FL 32225	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Klicker, Ken	
4.3 STREET ADDRESS	10969 Creekview Dr	
4.4 CITY-ST-ZIP	JAX FL 32224	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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.

SIGNATURE: X

Charles J. Shearin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 904-255-1111

2-19-97

CR2E037 (9/96)