

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$395)

NONPROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 Division of Corporations

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ST JUN 10 1995

DOCUMENT # 733279 (4)
 1. Corporation Name
JULINGTON CREEK ATHLETIC ASSOCIATION, INC.

Principal Place of Business Mailing Address
 445-26 STATE ROAD 13 BOX 252 445-26 STATE ROAD 13 BOX 252
 JACKSONVILLE FL 32259 JACKSONVILLE FL 32259

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/11/1975	3a. Date of Last Report 05/01/1994
4. FEI Number 59-2947156	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	FILING FEE IS \$61.25
8. This corporation has liability for intangible tax under s. 199.002, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FICK LINDA A.
1822 SWISS OAKS ST
SWITZERLAND
SWITZERLAND FL 32259

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	SHORTER MARK
STREET ADDRESS	1127 SECRET OAKS PLACE
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	VD
NAME	BOWDEN BERT
STREET ADDRESS	2019 HAWKCREST DR
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	VP
NAME	BOTT TOM
STREET ADDRESS	1220 OAKWOOD W
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	SD
NAME	HANCOCK DAWN
STREET ADDRESS	1288 MARLEE RD
CITY - ST - ZIP	SWITZERLAND FL
TITLE	TD
NAME	FICK LINDA A.
STREET ADDRESS	1822 SWISS OAKS ST
CITY - ST - ZIP	SWITZERLAND FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 017, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Linda A. Fick Treasurer 6/6/95 287-4420
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/95)