

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 733279 (4)

1. Corporation Name

JULINGTON CREEK ATHLETIC ASSOCIATION, INC.



Principal Place of Business

445-26 STATE ROAD 13 BOX 252  
JACKSONVILLE FL 32259

Mailing Address

445-26 STATE ROAD 13 BOX 252  
JACKSONVILLE FL 32259

3. Date Incorporated or Qualified  
07/11/1975

3a. Date of Last Report  
06/12/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81

Name

KATHLEEN P. MINNIS

82

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

83

317 CHICASAW CT

84

City FRUIT COVE

FL

85

Zip Code 32259

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

*Kathleen P. Minnis*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

May 27, 1996

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SHORTER MARK	
STREET ADDRESS	1127 SECRET OAKS PLACE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BOWDEN BERT	
STREET ADDRESS	2019 HAWKCREST DR	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BOTT TOM	
STREET ADDRESS	1220 OAKWOOD W	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HANCOCK DAWN	
STREET ADDRESS	1268 MARLEE RD	
CITY-ST-ZIP	SWITZERLAND FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	FICK LINDA FL	
STREET ADDRESS	1822 SWISS OAKS ST	
CITY-ST-ZIP	SWITZERLAND FL	
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	TERESA A. REDMON	
1.3 STREET ADDRESS	300 CHICASAW CT.	
1.4 CITY-ST-ZIP	FRUIT COVE FL 32259	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	KATHLEEN P. MINNIS	
2.3 STREET ADDRESS	317 CHICASAW CT	
2.4 CITY-ST-ZIP	FRUIT COVE FL 32259	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TAMMY P. CAMPBELL	
3.3 STREET ADDRESS	1004 RAVINE TERRACE	
3.4 CITY-ST-ZIP	SWITZERLAND FL 32259	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	LYNTHIA H. LAWRENCE	
4.3 STREET ADDRESS	1075 LARKSPUR LOOP	
4.4 CITY-ST-ZIP	FRUIT COVE FL 32259	
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		

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SIGNATURE

*Kathleen P. Minnis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 27, 1996 904/287-1316

DATE

Daytime Phone

RESUBMIT W/ SIGNATURES 05/06/96

CR2E037 (12/95)