2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735888

FILED Apr 13, 2005 Secretary of State

Entity Name: NORTH JACKSONVILLE SPORTS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: PO BOX 26127 JACKSONVILLE, FL 322266127 US **Current Mailing Address: New Mailing Address:** PO BOX 26127 JACKSONVILLE, FL 322266127 US FEI Number: 52-1656203 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MONTGOMERY, EUGENE 2911 PERCY RD JACKSONVILLE, FL 32218 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition HENDLEY, JEFF HENDLEY, JEFF Name: Name: 11436 RENEA DR Address: 11436 RENEA DR Address: City-St-Zip: JACKSONVILLE, FL 32218 City-St-Zip: JACKSONVILLE, FL 32218 Title: Title: () Delete () Change () Addition NETTLES, ROSE Name: Name: Address: 1718 CEDAR BAY RD Address: City-St-Zip: JACKSONVILLE, FL 32218 City-St-Zip: Title: () Delete Title: () Change () Addition NIXON, PRISSY Name: Name: Address: 9048 3RD ST Address: City-St-Zip: JACKSONVILLE, FL City-St-Zip: Title: () Delete Title: () Change () Addition Name: KIRSEY, DARIAN Name: Address: 9156 MILTON DR Address: City-St-Zip: JACKSONVILLE, FL 32226 City-St-Zip: Title: () Delete Title: () Change () Addition MONTGOMERY, EUGENE Name: Name: 2911 PERCY RD Address: Address: City-St-Zip: JACKSONVILLE, FL 32218 City-St-Zip: Title: () Delete Title: () Change () Addition NIXON, JEANETTE Name: Name: Address: 9048 3RD ST Address: JACKSONVILLE, FL 32218 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EUGENE MONTGOMERY T 04/13/2005