


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90191 033 ****61.25

DOCUMENT # 735888 1. Entity Name NORTH JACKSONVILLE SPORTS ASSOCIATION, INC.					
Principal Place of Business PO BOX 26127 JACKSONVILLE, FL 32226-6127 US			Mailing Address PO BOX 26127 JACKSONVILLE, FL 32226-6127 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc		3. Mailing Address Suite, Apt. #, etc			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent MONTGOMERY, EUGENE 2911 PERCY RD JACKSONVILLE, FL 32218				7. Name and Address of New Registered Agent Name <u>Warren, Sharon</u> Street Address (P.O. Box Number is Not Acceptable) <u>14810 Marshland Court</u> City <u>Jacksonville</u> <u>FL</u> Zip Code <u>32226</u>	
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 <u>Sharon Warren</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE <u>4-10-07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$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	DVP GARRDNER, DAVID 910 ASHTON COVE TERRACE JACKSONVILLE, FL 32218		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NETTLES, ROSE 1718 CEDAR BAY RD JACKSONVILLE, FL 32218		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NIXON, PRISSEY 9048 3RD ST JACKSONVILLE, FL		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KIRKSEY, DARIN 9156 MILTON DR JACKSONVILLE, FL 32226		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WARREN, SHARRON 14810 MARSH LAND CT JACKSONVILLE, FL 32218		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NIXON, JEANETTE 9048 3RD ST JACKSONVILLE, FL 32218		<input type="checkbox"/> Delete		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Sharon Warren</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		
DATE <u>4-10-07</u> <small>Date</small>			DAYTIME PHONE <u>904-350-9600</u> <small>Daytime Phone #</small>		