

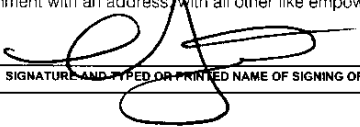


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90049 019 ****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 # 12135 Harts Road Suite, Apt. #, etc.		3. Mailing Address P.O. Box 26127 Suite, Apt. #, etc.			
City & State Jacksonville, Florida		City & State Jacksonville, Florida		4. FEI Number 52-1656203	
Zip 32218-8114		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WARREN, SHARON 14810 MARSHLAND COURT JACKSONVILLE, FL 32226			7. Name and Address of New Registered Agent Name Thomas L. Johnston Street Address (P.O. Box Number is Not Acceptable) 1033 Whirlaway Circle North City Jacksonville FL Zip Code 32218		
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>			(NOTE: Registered Agent signature required when reinstating) DATE April 10, 2008		
Filing Fee is \$61.25 Due by May 1, 2008		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/T/D Thomas L. Johnston 1033 Whirlaway Circle N. Jacksonville, Florida 32218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NETTLES, ROSE 1718 CEDAR BAY RD JACKSONVILLE, FL 32218	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Pamela M. Johnston 1033 Whirlaway Circle N. Jacksonville, Florida 32218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NIXON, PRISY 9048 3RD ST JACKSONVILLE, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WARREN, SHARRON 14810 MARSH LAND CT JACKSONVILLE, FL 32218	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NIXON, JEANETTE 9048 3RD ST JACKSONVILLE, FL 32218	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			April 10, 2008 904-483-6432 <small>Date Daytime Phone #</small>		