

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735888

FILED
Mar 05, 2009
Secretary of State

Entity Name: NORTH JACKSONVILLE SPORTS ASSOCIATION, INC.

Current Principal Place of Business:

12135 HARTS ROAD
JACKSONVILLE, FL 32218 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 26127
JACKSONVILLE, FL 32226 US

New Mailing Address:

FEI Number: 52-1656203

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSTON, THOMAS L
1033 WHIRLAWAY CIRCLE NORTH
JACKSONVILLE, FL 32218 US

Name and Address of New Registered Agent:

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:

Title: DVP () Delete
Name: GARRDNER, DAVID
Address: 910 ASHTON COVE TERRACE
City-St-Zip: JACKSONVILLE, FL 32218

Title: D () Delete
Name: JOHNSTON, PAMELA
Address: 1033 WHIRLAWAY CIRCLE N.
City-St-Zip: JACKSONVILLE, FL 32218

Title: D () Delete
Name: NIXON, PRISSY
Address: 9048 3RD ST
City-St-Zip: JACKSONVILLE, FL

Title: P () Delete
Name: KIRKSEY, DARIN
Address: 9156 MILTON DR
City-St-Zip: JACKSONVILLE, FL 32226

Title: D () Delete
Name: NIXON, JEANETTE
Address: 9048 3RD ST
City-St-Zip: JACKSONVILLE, FL 32218

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVP (X) Change () Addition
Name: SNIPIES, JIMMIE
Address: 1141 ARCARO
City-St-Zip: JACKSONVILLE, FL 32218

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: JOHNSTON, THOMAS
Address: 1033 WHIRLAWAY CIRCLE N.
City-St-Zip: JACKSONVILLE, FL 32218

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: SNIPIES, VICKIE
Address: 1141 ARCARO COURT
City-St-Zip: JACKSONVILLE, FL 32218

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: THOMAS L. JOHNSTON

P

03/05/2009

Electronic Signature of Signing Officer or Director

Date