FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 PM 3:19

DOCUMENT # 738360 (7)

1. Corporation Name

SAN MATEO WOMEN'S ATHLETIC ASSOCIATION, INC.

Principal Place of Business	Mailing Address
600 BAISDEN RD. JACKSONVILLE FL 32218	600 BAISDEN RD. JACKSONVILLE FL 32218

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/15/1977
3a. Date of Last Report: 03/25/1994
4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24 Country — 25
Zip — 29 Country — 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

KENT D WOFFORD
600 BAISDEN ROAD
JACKSONVILLE FL 32218

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	NEWMAN, MARY	12 NAME	
STREET ADDRESS	11258 AMERICANA LANE	13 STREET ADDRESS	
CITY-ST-ZIP	JAX. FL	14 CITY-ST-ZIP	
TITLE	C	21 TITLE	(C) WARREN, DEBBIE ☑ Change ☐ Addition
NAME	SANDS, PAM	22 NAME	15321 Collel Rd.
STREET ADDRESS	336 RIO ROAD	23 STREET ADDRESS	JAX. FL. 32218
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	(C) MATZ, JACKIE ☑ Change ☐ Addition
NAME	BERRY, JUNE	32 NAME	241 Sara Dr.
STREET ADDRESS	11354 EMUNESS RD	33 STREET ADDRESS	JAX. FL. 32218
CITY-ST-ZIP	JAX. FL	34 CITY-ST-ZIP	
TITLE	P	41 TITLE	(D) ☑ Change ☐ Addition
NAME	OTTO, GAIL	42 NAME	Otto, Gail
STREET ADDRESS	11353 EMUNESS RD.	43 STREET ADDRESS	11353 Emuness Rd.
CITY-ST-ZIP	JAX. FL	44 CITY-ST-ZIP	JAX. FL 32218
TITLE	T	51 TITLE	☐ Change ☐ Addition
NAME	BRADLEY, BRENDA	52 NAME	
STREET ADDRESS	11827 AARON ROAD	53 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	54 CITY-ST-ZIP	
TITLE	S	61 TITLE	☐ Change ☐ Addition
NAME	TODD, BARBARA	62 NAME	
STREET ADDRESS	11467 EMUNES RD.	63 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gail Otto GAIL OTTO (PRESIDENT) 2-27-9 (904) 757-5904
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0029761