

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
* AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 738360 (7)
1. Corporation Name
SAN MATEO WOMEN'S ATHLETIC ASSOCIATION, INC.



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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		03/15/1977		03/31/1995	
22 City & State		27 City & State		4. FEI Number		Applied For	
23 Zip		28 Zip		NOT APPLICABLE		Not Applicable	
24 Country		29 Country		5. Certificate of Status Desired		8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		Yes No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KENT D WOFFORD				81 Name			
600 BAISDEN ROAD				82 Street Address (P.O. Box Number is Not Acceptable)			
JACKSONVILLE FL 32218				83			
				84 City			
				FL 85 Zip Code			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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							
TITLE	D	NEWMAN, MARY		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change Addition	
NAME	11258 AMERICANA LANE	JAX. FL		1.1 TITLE		Change Addition	
STREET ADDRESS				1.2 NAME		Change Addition	
CITY - ST - ZIP				1.3 STREET ADDRESS		Change Addition	
				1.4 CITY - ST - ZIP		Change Addition	
TITLE	C	WARREN, DEBBIE		2.1 TITLE		Change Addition	
NAME	13321 COLLEN ROAD	JACKSONVILLE FL		2.2 NAME		Change Addition	
STREET ADDRESS				2.3 STREET ADDRESS		Change Addition	
CITY - ST - ZIP				2.4 CITY - ST - ZIP		Change Addition	
TITLE	C	MATZ, JACKIE		3.1 TITLE		Change Addition	
NAME	241 SARA DR.	JAX. FL		3.2 NAME		Change Addition	
STREET ADDRESS				3.3 STREET ADDRESS		Change Addition	
CITY - ST - ZIP				3.4 CITY - ST - ZIP		Change Addition	
TITLE	D	OTTO, GAIL		4.1 TITLE		Change Addition	
NAME	11353 EMUNESS RD.	JAX. FL		4.2 NAME		Change Addition	
STREET ADDRESS				4.3 STREET ADDRESS		Change Addition	
CITY - ST - ZIP				4.4 CITY - ST - ZIP		Change Addition	
TITLE	T	BRADLEY, BRENDA		5.1 TITLE		Change Addition	
NAME	11627 AARON ROAD	JACKSONVILLE FL		5.2 NAME		Change Addition	
STREET ADDRESS				5.3 STREET ADDRESS		Change Addition	
CITY - ST - ZIP				5.4 CITY - ST - ZIP		Change Addition	
TITLE	S	TODD, BARBARA		6.1 TITLE		Change Addition	
NAME	11467 EMUNES RD.	JACKSONVILLE FL		6.2 NAME		Change Addition	
STREET ADDRESS				6.3 STREET ADDRESS		Change Addition	
CITY - ST - ZIP				6.4 CITY - ST - ZIP		Change Addition	

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)(k), Florida Statutes, 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 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: Brenda Bradley 6/7/96 904/757-0919
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #