

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Mar 04 1997 8:00am
Secretary of State

DOCUMENT # 738360

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

2: Principal Place of Business

2a: Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

3: Date Incorporated or Qualified

3/15/1977

3a: Date of Last Report

1996

4: FEI Number

Applied For

☒ Not Applicable

5: Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6: Election Campaign Financing

☐

\$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
600 Baisden Rd.
Jax, FL 32218

81: Name

82: Street Address (P.O. Box Number is Not Acceptable)

300002104443

-03/05/97--01009--026

84: City

***61.25

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 *Kent D. Wofford*

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2-24-97

12: OFFICERS AND DIRECTORS

13: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
D
Newman, Mary
1125B Americana Lane
Jax FL 32218

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
D
Ira Smith
11065 CRYSTAL LYNN CT.
Jax, FL 32226

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
C
Matz, Jackie
241 Sara Dr.
Jax, FL 32218

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
D
Marsh, Sonya
12432 Darcy Dr.
Jax, FL 32226

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
T
Bradley, Brenda
11627 Aaron Rd.
Jax, FL 32218

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
S
Todd, Barbara
11467 Emuness Rd
Jax, FL 32218

14: I do hereby certify that the information supplied with this filing 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:

Brenda Bradley

Brenda Bradley

2/19/97

904-757-0919

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/96)