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FILED
Sep 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Morlham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 738360

1. Corporation Name
San Mateo Women's Athletic Ass. Inc.

Principal Place of Business
600 Baisden Rd.
Jacksonville, FL 32218

Mailing Address
600 Baisden Rd.
Jacksonville, Fla.

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

3. Date Incorporated or Qualified	3/15/1977
4. FEI Number	59-3364071
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input checked="" type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
 Bennie F. Peoples
 600 Baisden Rd.
 Jak. Fla. 32218

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Applicable)
B3 City
B4 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 Bennie F. Peoples DATE 7-6-98

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	D Matz, Jackie (President)
1.3 STREET ADDRESS	241 Sara Dr.
1.4 CITY-ST-ZIP	Jax, Fla
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	D Johnson, Carolyn (Treasurer)
2.3 STREET ADDRESS	11643 Aaron
2.4 CITY-ST-ZIP	Jax, Fla
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	C Knowles, Terry
3.3 STREET ADDRESS	357 Denise Drive
3.4 CITY-ST-ZIP	Jax, Fla. (Secretary)
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D Marsh, Sonja
4.3 STREET ADDRESS	12432 Darcy Dr.
4.4 CITY-ST-ZIP	Jax, Fla. Vice President
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D Newman, Mary
5.3 STREET ADDRESS	11258 Americana Lane
5.4 CITY-ST-ZIP	Jax, Fla. 32218
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	S Todd, Barbara
6.3 STREET ADDRESS	11467 Emuness Rd
6.4 CITY-ST-ZIP	Jax Fla 32218

14. I 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: Carolyn H. Johnson Carolyn Johnson 7-6-98

CR2E037 (10/97)