


FILE NOW: FILING FEE IS \$61.25

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Mar 30, 1999 8:00 am
Secretary of State

03-30-1999 90047 046 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 738360 1. Corporation Name San Mateo Women's Athletic Association Inc.					
Principal Place of Business 600 Baisden Road Jacksonville, Florida 32218		Mailing Address 600 Baisden Road Jax., Fla. 32218			
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		3. Date Incorporated or Qualified 3/15/1977 4. FEI Number 59-3364071 Applied For Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75-Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent Bennie F. Peoples 600 Baisden Road Jacksonville, Fla. 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 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 <i>Bennie F. Peoples</i> (NOTE: Registered Agent signature required when reinstating) DATE					
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 President 1.3 STREET ADDRESS Matz, Jackie 1.4 CITY-ST-ZIP 241 Sara Dr Jax., Fla 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME Vice President 2.3 STREET ADDRESS Marsh, Sonja 2.4 CITY-ST-ZIP 12432 Darcy Dr Jax., Fla 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME Secretary 3.3 STREET ADDRESS Knowles, Terri 3.4 CITY-ST-ZIP 357 Denise Drive Jax., Fla 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME Treasurer 4.3 STREET ADDRESS Johnson, Carolyn 4.4 CITY-ST-ZIP 11643 Aaron Rd Jax., Fla 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME Newman, Mary 5.3 STREET ADDRESS 11258 Americana Lane 5.4 CITY-ST-ZIP Jacksonville, FL 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		
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, with all other like empowered.					

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037-(1/98)