

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738360

FILED
Mar 29, 2005
Secretary of State

Entity Name: SAN MATEO WOMEN'S ATHLETIC ASSOCIATION, INC.

Current Principal Place of Business:

600 BAISDEN RD.
JACKSONVILLE, FL 32218

New Principal Place of Business:

Current Mailing Address:

600 BAISDEN RD.
JACKSONVILLE, FL 32218

New Mailing Address:

FEI Number: 59-3364071

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

REEVES, PAT
600 BAISDEN ROAD
JACKSONVILLE, FL 32218 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D (X) Delete
Name: NEWMAN, MARY
Address: 11258 AMERICANA LANE
City-St-Zip: JACKSONVILLE, FL 32218

Title: DT () Delete
Name: JOHNSON, CAROLYN
Address: 11643 AARON
City-St-Zip: JACKSONVILLE, FL

Title: P () Delete
Name: RETTIG, LYNN
Address: 4358 GATE LANE
City-St-Zip: JACKSONVILLE, FL 32226

Title: VPD () Delete
Name: DAVIS, CHARLIE
Address: 215 RENEE DR N
City-St-Zip: JACKSONVILLE, FL 32218

Title: VPD () Delete
Name: STEVENS, PAM
Address: 12791 LANIER DR N
City-St-Zip: JACKSONVILLE, FL 32226

Title: SD () Delete
Name: WIGGINS, PATTI
Address: 13529 FOXWOOD HT
City-St-Zip: JACKSONVILLE, FL 32226

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: MAXWELL, LISA
Address: 2471 FAYE ROAD
City-St-Zip: JACKSONVILLE, FL 32226

Title: SD (X) Change () Addition
Name: OVERSTREET, GAIL
Address: 10935 KEY HAVEN BLVD
City-St-Zip: JACKSONVILLE, FL 32218

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROLYN JOHNSON

TREA

03/29/2005

Electronic Signature of Signing Officer or Director

Date