

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR -5 PM 3:16

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 748292 (0)
1. Corporation Name
ORTEGA STOCKTON ATHLETIC ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
**112 WEST ADAMS ST
SUITE 1402
JACKSONVILLE FL 32202**

3. Date Incorporated or Qualified **07/31/1979** 3a. Date of Last Report **03/22/1994**
4. FEI Number **59-1943554** Applied For
Not Applicable

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 Country 29 Zip Country
24 25 29 30

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**
6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**
7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☐ **\$68.75 Supplemental
Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**DUSS, ROBERT V.
112 W. ADAMS STREET
SUITE 1402
JACKSONVILLE FL 32202**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VPO**
NAME **GRAY, PAUL**
STREET ADDRESS **1420 INGLESIDE AVENUE**
CITY-ST-ZIP **JACKSONVILLE, FL 0**
TITLE **STD**
NAME **DUSS, ROBERT V.**
STREET ADDRESS **112 WEST ADAMS ST #1402**
CITY-ST-ZIP **JACKSONVILLE, FL 0**
TITLE **PD**
NAME **LAMB, PAULA**
STREET ADDRESS **3812 RICHMOND STREET**
CITY-ST-ZIP **JACKSONVILLE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 13

1.1 TITLE **TD** ☐ Change ☒ Addition
1.2 NAME **WILLIAMS, LISA**
1.3 STREET ADDRESS **4917 KING RICHARD RD**
1.4 CITY-ST-ZIP **JACKSONVILLE, FL 32210**
2.1 TITLE **SD** ☐ Change ☒ Addition
2.2 NAME **JACKSON, LINDA**
2.3 STREET ADDRESS **4703 DEVON LAKE**
2.4 CITY-ST-ZIP **JACKSONVILLE, FL 32210**
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT V. DUS

TREASURER

3-2-95

904-355-0668