

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767583

FILED
Feb 27, 2007
Secretary of State

Entity Name: NORTH FLORIDA ATHLETIC ASSOCIATION, INCORPORATED

Current Principal Place of Business:

8358 EARL CIRCLE WEST
JACKSONVILLE, FL 32219

New Principal Place of Business:

Current Mailing Address:

8358 EARL CIRCLE WEST
JACKSONVILLE, FL 32219

New Mailing Address:

FEI Number: 03-1740026

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SMILEY, JOHNNY F., ESQ.
333 E. BAY STREET
JACKSONVILLE, FL 32202 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 () Delete
Name: KAISER SANDERS,
Address: 5358 EARL CIR. W
City-St-Zip: JAX, FL

Title: D () Delete
Name: GLANDELL DAVIS,
Address: 1932 BROADWAY AVE.
City-St-Zip: JAX, FL 32209

Title: T () Delete
Name: THOMAS, TAWAN A
Address: 7353 GREYFOX LANE
City-St-Zip: JACKSONVILLE, FL 32244

Title: S () Delete
Name: WILLIAMS, JOAN
Address: 5854 GILCHRIST ST
City-St-Zip: JACKSONVILLE, FL 32219

Title: VD () Delete
Name: MOORE, ALVA
Address: 1359 VAN BUREN ST
City-St-Zip: JACKSONVILLE, FL

Title: P () Delete
Name: SANDERS, CAROLYN
Address: 8358 EARL CIR W
City-St-Zip: JACKSONVILLE, FL 32219

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 SANDERS

P

02/27/2007

Electronic Signature of Signing Officer or Director

Date