## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N0000003176  1. Entity Name THE NEW LACKAWANNA ATHLETIC ASSOCIATION INC.								ASION OF CORPORATION.					
THE NEW ENGLANDS OF THE STATE O						1			04	JAN 28	AM II.	<u></u>	
Principal Place 1029 EDGEW JACKSONVILL	OOD AVE N	Mailing Address 1029 EDGEWOOD AVE N JACKSONVILLE, FL 32254					1 (200)	, , , , , , , , , , , , , , , , , , , ,		ine dinea innia nai			
2. Principal P		3. Mailing Address											
1/51 W 24 <sup>44</sup> S+ Suite, Apt. #, etc.			Suite, Apt. #, etc.					7 01202004 (	Chg-NP	CR2E03	37 (10/03)		
City & State ACKson ville, FL			Sity & State SACKSONVILLE, FL					4. FEI Number 59-36494	137		je saujania	plied For t Applicable	
377	Zip 37709 U.S			30009 L		Intry (.5	5. Certificate of Status Desired				Fee Required		
JEFFERSO 2350 GABI ORANGE I	ON, MELTO RIEL DR PARK, FL	32073	7. Name and Address of New Registered Agent  Name ART William 5  Street Address (P.O. Box Number is Not Acceptable)  1/5 / W24 <sup>th</sup> St  City ACKSDNVI // FL Zip Code 3 209										
8. 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. I am familiar with, and accept the obligations of registered agent.													
SIGNATURE At Williams HeTW: Was Pres. 1/20/04 Signature, typed or printed name of registered agent and title II applicable. (NOTE: Registered Agent signature required when reinstating)  DATE													
Filing Fee is \$61.25  Due by May 1, 2004  9. Election Cam  Trust Fund Co								\$5.00 May Be Added to Fees		Make chec orida Depar	tment of St	ate	
10.	TD	OFFICERS AND DI	RECTORS					ADDITIONS/CHAN	IGES TO OFFIC	CERS AND DI		10°	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RAWLS, C 6011 CAR	CRAIG A RNATION RD IVILLE, FL 32209		Delete TITL NAM STR			will 1151	iAms, Lesan WZYIL St KSONVILL, F		9	Change		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DIXION, J 5336 QUA JACKSON			<b>X</b> Delete			<del></del>	70 02/09/	0028 04-0102	<b>402</b> 6-019	□ Change 4 □ 7 **70.1	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DONLEY, MELTONIA 7628 J.F.K. DR.,W. JACKSONVILLE, FL 32219			Delete TITLI NAM STRI CITY							☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2350 GAB	ON, MELTONIA BRIEL DR PARK, FL 32073		N S		E Me Eet address (~St-Zip			·	·	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAMS 1151 W 24 JACKSON			☐ Defete TITE NAM STR CITY							☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CURRY, H P.O. BOX JACKSON			☐ Delete							☐ Change	Addition	
12. 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 report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.													
SIGNAT	SIGNATURE: ALT WILLIAMS Pres. 1/20/04 904-665-0058 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date OF SIGNING OFFICER OR DATE OF SIGNING OFFI												