

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2006 8:00 am
Secretary of State

05-19-2006 90028 032 ****69.00

DOCUMENT # N00000003176

1. Entity Name
THE NEW LACKAWANNA ATHLETIC ASSOCIATION INC.



Principal Place of Business
**1151 N 24TH ST.
JACKSONVILLE, FL 32209**

Mailing Address
**1151 N 24TH ST.
JACKSONVILLE, FL 32209**

2. Principal Place of Business

687 Edgewood Ave N

3. Mailing Address

687 Edgewood Ave N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05012006

Chg-NP

CR2E037 (4/06)

City & State
Jacksonville, FL

City & State
Jacksonville, FL

4. FEI Number
59-3649437

Applied For
Not Applicable

Zip
32254

Country
USA

Zip
32254

Country
USA

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WILLIAMS, ART
1151 N 24TH ST.
JACKSONVILLE, FL 32209**

7. Name and Address of New Registered Agent

Name **Meltonia Jefferson**

Street Address (P.O. Box Number is Not Acceptable)

687 Edgewood Ave N

City **Jacksonville**

FL

Zip Code
32254

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

Meltonia Jefferson

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

(NOTE: Registered Agent signature required when reinstating)

5-1-06

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **SD** ☒ Delete
NAME **WILLIAMS, LESANDRA**
STREET ADDRESS **1151 N 24TH ST.**
CITY-ST-ZIP **JACKSONVILLE, FL 32209**

TITLE **PD** ☒ Delete
NAME **WILLIAMS, ART**
STREET ADDRESS **1151 W 24 ST**
CITY-ST-ZIP **JACKSONVILLE, FL 32209**

TITLE **TD** ☒ Delete
NAME **BLAND, KECIA**
STREET ADDRESS **2211 INWOOD CIR NORTH**
CITY-ST-ZIP **JACKSONVILLE, FL 32207**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Meltonia Jefferson** ☐ Change ☒ Addition
NAME **2350 Gabriel Dr**
STREET ADDRESS **Orange Park FL 32073**
CITY-ST-ZIP **President**

TITLE **Vice President** ☐ Change ☒ Addition
NAME **Dan Jones**
STREET ADDRESS **Jacksonville, FL**
CITY-ST-ZIP

TITLE **Shay Shanks** ☐ Change ☒ Addition
NAME **2211 Inwood Circle N**
STREET ADDRESS **Jacksonville, FL 32207**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Meltonia Jefferson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-06

DATE

(904) 388-5999

DAYTIME PHONE #