## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N08000003522

FILED Apr 30, 2009 Secretary of State

Entity Name: NEW JUSTINA ATHLETIC ASSOCIATION INCORPORATED

Current Principal Place of Business: New Principal Place of Business:

2981 ROSSELLE 2981 ROSSELLE STREET

JACKSONVILLE, FL 32205 DU JACKSONVILLE, FL 32205 DU

Current Mailing Address: New Mailing Address:

PO BOX 61331

JACKSONVILLE, FL 32236 DU

FEI Number: 45-0554388 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SWAIN, ERIC SWAIN, ERIC

2928 DIGNAN 2928 DIGNAN STREET

JACKSONVILLE, FL 32254 US JACKSONVILLE, FL 32254 US

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: 04/30/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

Name:SWAIN, ERIC LEONARDName:SWAIN, ERIC LEONARDAddress:DIGNANAddress:2928 DIGNAN STREET

City-St-Zip: JACKSONVILLE, FL 32254 DU City-St-Zip: JACKSONVILLE, FL 32254 DU

Title: VP ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 GRIMMETT, ROCHELLE
 Name:

 Address:
 5620 COLLINS RD APT 611
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32244 DU
 City-St-Zip:

Title: T ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 JONES, DELORIS
 Name:

 Address:
 2673 TROLLIE LANE APT2
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32211 DU
 City-St-Zip:

 $\label{eq:title:alpha} {\sf Title:} \qquad {\sf A} \qquad (\ ) \, {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf A} \qquad ({\sf X}) \, {\sf Change} \, (\ ) \, {\sf Addition}$ 

 Name:
 WILLIAMS, TONY
 Name:
 WILLIAMS, TONY

 Address:
 2928 DIGNAN ST.
 2928 DIGNAN STREET

 City-St-Zip:
 JACKSONVILLE, FL 32254 DU
 City-St-Zip:
 JACKSONVILLE, FL 32254 DU

I hereby certify that the information supplied with this filing does not qualify 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: ERIC SWAIN P 04/30/2009