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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N16550

1. Corporation Name
NJST SEAHAWKS, INC.

Principal Place of Business
 PO BOX 14
 JACKSONVILLE NAVAL AIR STATION
 JACKSONVILLE FL 32212

Mailing Address
 PO BOX 14
 JACKSONVILLE NAVAL AIR STATION
 JACKSONVILLE FL 32212



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	08/27/1986
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-2591976
24 Country	29 Country	Applied For
	30	Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>
		\$8.75 Additional Fee Required
		6. Election Campaign Financing <input type="checkbox"/>
		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WATSON, KATHLEEN A 2713 HOLLY RIDGE DR ORANGE PARK FL 32073				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ELAM, WILLIAM			1.2 NAME	Horton, Linda		
STREET ADDRESS	2570 WINDWOOD LANE			1.3 STREET ADDRESS	Rt 1 Box 491 B		
CITY-ST-ZIP	ORANGE PARK FL 32073			1.4 CITY-ST-ZIP	Bryceville, FL 32009		
TITLE	VD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SCHROTH, DEBORAH			2.2 NAME	Thompson, Robert		
STREET ADDRESS	2068 PLAINFIELD AVE			2.3 STREET ADDRESS	12467 Cool Breeze Way S.		
CITY-ST-ZIP	ORANGE PARK FL			2.4 CITY-ST-ZIP	Jacksonville, FL 32258		
TITLE	TD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WATSON, KATHLEEN			3.2 NAME			
STREET ADDRESS	2713 HOLLY RIDGE DR			3.3 STREET ADDRESS			
CITY-ST-ZIP	ORANGE PARK FL			3.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		4.1 TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LAWSON, MARY			4.2 NAME	Lawson, Mary		
STREET ADDRESS	2750 BROOKWOOD RD			4.3 STREET ADDRESS	2750 Brookwood Rd.		
CITY-ST-ZIP	ORANGE PARK FL 32073			4.4 CITY-ST-ZIP	Orange Park, FL 32073		
TITLE	SD	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	SD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	RICE, JANET			5.2 NAME	Moser, Carol		
STREET ADDRESS	568 HARRISON AVE			5.3 STREET ADDRESS	4321 Timuquana Rd.		
CITY-ST-ZIP	ORANGE PARK FL			5.4 CITY-ST-ZIP	Jacksonville, FL 32210		
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CARTER, MARY E			6.2 NAME			
STREET ADDRESS	301 EDINBURGH LANE			6.3 STREET ADDRESS			
CITY-ST-ZIP	ORANGE PARK FL			6.4 CITY-ST-ZIP			

14. 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Katherine Harris* 1/29/99 (904) 264-9918
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)