FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
1995 JUL 20 AM 10:18
TALLAHASSEE, FLORIDA

DOCUMENT # N44830 (0)

1. Corporation Name
ST. JOHNS RIVER ATHLETIC ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
~~P.O. BOX 542~~ ~~162 HORSEMAN'S CLUB ROAD~~ ~~PALATKA FL 32178-0542~~	~~P.O. BOX 542~~ ~~162 HORSEMAN'S CLUB ROAD~~ PALATKA FL 32178-0542

3. Date Incorporated or Qualified: 08/26/1991
3a. Date of Last Report: 05/25/1994
4. FEI Number: 59-3130642 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☑ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ ~~No~~

2. Principal Place of Business	2a. Mailing Address
21 P O BOX 542	26 P.O. BOX 542
Suite, Apt. #, etc. 22 205 SKEET CLUB RD	Suite, Apt. #, etc. 27 205 SKEET CLUB RD
City & State 23 PALATKA FL	City & State 28 PALATKA FL
Zip / Country 24 32177 / 25 PUTNAM	Zip / Country 29 32177 / 30 PUTNAM

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WRIGHT, RICARDO 162 HORSEMAN'S CLUB ROAD PALATKA FL 32177	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 205 SKEET CLUB RD 83 84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: [signature] 6/15/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☑ Change ☐ Addition
NAME	WRIGHT, RICARDO	12 NAME	
STREET ADDRESS	~~RT. 6, BOX 500-A N/A~~	13 STREET ADDRESS	205 SKEET CLUB
CITY-ST-ZIP	~~PALATKA FL~~	14 CITY-ST-ZIP	PALATKA, FL 32177
TITLE	VD	21 TITLE	☑ Change ☐ Addition
NAME	CREEL, CHARLIE	22 NAME	
STREET ADDRESS	~~TIMBER LN~~	23 STREET ADDRESS	RT 4 BOX 1711
CITY-ST-ZIP	~~PALATKA FL~~	24 CITY-ST-ZIP	PALATKA FL 32177
TITLE	TD	31 TITLE	☑ Change ☐ Addition
NAME	STOUT, DAVID	32 NAME	
STREET ADDRESS	~~P.O. BOX 307 N/A~~	33 STREET ADDRESS	1800 HWY 19 NORTH
CITY-ST-ZIP	~~E. PALATKA FL~~	34 CITY-ST-ZIP	PALATKA FL 32177
TITLE	SD	41 TITLE	☑ Change ☐ Addition
NAME	LYLE, CAROL,	42 NAME	
STREET ADDRESS	~~P.O. BOX 542 N/A~~	43 STREET ADDRESS	3215 SILVER LAKE DR
CITY-ST-ZIP	PALATKA FL 32178	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	DENNARD, JOHN,	52 NAME	
STREET ADDRESS	1619 HIGH STREET	53 STREET ADDRESS	
CITY-ST-ZIP	PALATKA FL 32177	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: [signature] 6/15/95 904 325-9720
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR, OFFICER OR DIRECTOR Date Daytime Phone #

0024502