


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Aug 13 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N44830** (0)

1. Corporation Name

**ST. JOHNS RIVER ATHLETIC ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

P O BOX 542  
205 SKEET CLUB RD  
PALATKA FL 32177  
US

P O BOX 542  
205 SKEET CLUB RD  
PALATKA FL 32177  
US

3. Date Incorporated or Qualified

**08/26/1991**

4. FEI Number

**59-3130642**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

☐

**\$5.00** May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30.

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WRIGHT, RICARDO**  
**205 SKEET CLUB RD**  
**PALATKA FL 32177**

81 Name

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

83

84 City

**FL**

85 Zip Code

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

*Ricardo M. Wright*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**07/13/98**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PO** ☐ DELETE  
NAME **WRIGHT, RICARDO**  
STREET ADDRESS **205 SKEET CLUB RD**  
CITY-STATE-ZIP **PALATKA FL**

1.1 TITLE **MD** ☐ Change ☒ Addition  
1.2 NAME **Lyle, James**  
1.3 STREET ADDRESS **3215 Silver Lake Dr.**  
1.4 CITY-STATE-ZIP **Palatka, FL 32177**

TITLE **MD** ☒ DELETE  
NAME **CREEL, CHARLIE**  
STREET ADDRESS **RT 4 BOX 1711**  
CITY-STATE-ZIP **PALATKA FL**

2.1 TITLE **SD** ☐ Change ☒ Addition  
2.2 NAME **Thomas, Melissa**  
2.3 STREET ADDRESS **135 Cherry Tr.**  
2.4 CITY-STATE-ZIP **Palatka, FL 32177**

TITLE **TD** ☒ DELETE  
NAME **STOUT, DAVID**  
STREET ADDRESS **1800 HWY 19 NORTH**  
CITY-STATE-ZIP **PALATKA FL**

3.1 TITLE **D** ☐ Change ☒ Addition  
3.2 NAME **Troiano, Robert W.**  
3.3 STREET ADDRESS **1311 Prospect St.**  
3.4 CITY-STATE-ZIP **Palatka, FL 32177**

TITLE **SD** ☐ DELETE  
NAME **LYLE, CAROL**  
STREET ADDRESS **3215 SILVERLAKE DR**  
CITY-STATE-ZIP **PALATKA FL**

4.1 TITLE **TD** ☒ Change ☐ Addition  
4.2 NAME **Lyle, Carol**  
4.3 STREET ADDRESS **3215 Silver Lake Dr.**  
4.4 CITY-STATE-ZIP **Palatka, FL 32177**

TITLE **D** ☒ DELETE  
NAME **DENNARD, JOHN**  
STREET ADDRESS **1619 HIGH STREET**  
CITY-STATE-ZIP **PALATKA FL 32177**

5.1 TITLE **D** ☐ Change ☒ Addition  
5.2 NAME **Wells, Mary Kaye**  
5.3 STREET ADDRESS **1825 St. Johns Ave.**  
5.4 CITY-STATE-ZIP **Palatka, FL 32177**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

6.1 TITLE **D** ☐ Change ☒ Addition  
6.2 NAME **Wells, Donnie**  
6.3 STREET ADDRESS **P.O. Box 481 N/A**  
6.4 CITY-STATE-ZIP **Hollister, FL 32147**

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.

SIGNATURE:

*Ricardo M. Wright*  
**Ricardo M. Wright - President**

**07/13/98**

**904-325-9720**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/98)