

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jul 30, 2004 8:00 am**  
**Secretary of State**

07-30-2004 90008 047 \*\*\*\*61.25

**DOCUMENT # N44830**

1. Entity Name

ST. JOHNS RIVER ATHLETIC ASSOCIATION, INC.



Principal Place of Business

523 SOUTH 13TH ST  
PALATKA FL 32177  
US

Mailing Address

P O BOX 542  
PALATKA FL 32177  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3130642

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

TROIANO, WAYNE  
1311 PROSPECT ST  
PALATKA FL 32177

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By September 8, 2004**

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 **P** ☐ Delete  
NAME TROIANO, WAYNE  
STREET ADDRESS 1311 PROSPECT ST  
CITY-ST-ZIP PALATKA FL 32177

TITLE **V** ☐ Delete  
NAME WHITLOCK, WILLIAM  
STREET ADDRESS 2003 GOLF DR  
CITY-ST-ZIP PALATKA FL 32177

TITLE **D** ☒ Delete  
NAME ALFORD, STEVE  
STREET ADDRESS 177 CENTRAL AVE  
CITY-ST-ZIP SAN MATEO FL 32187

TITLE **T** ☒ Delete  
NAME CARNES, JONI  
STREET ADDRESS 408 EMMETT ST  
CITY-ST-ZIP PALATKA FL 32177

TITLE **SD** ☒ Delete  
NAME TROIANO, SUSAN  
STREET ADDRESS 1311 PROSPECT  
CITY-ST-ZIP PALATKA FL 32177

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☒ Change ☐ Addition  
NAME **D**  
STREET ADDRESS **DONALD LOCKHART**  
CITY-ST-ZIP **1508 ST. JOHNS AVE**  
**PALATKA, FL. 32177**

TITLE ☒ Change ☐ Addition  
NAME **T**  
STREET ADDRESS **MICHAEL FISHBURN**  
CITY-ST-ZIP **225 GAIL DR**  
**SATSUMA, FL 32189**

TITLE ☒ Change ☐ Addition  
NAME **SD**  
STREET ADDRESS **FELICIA KELLY**  
CITY-ST-ZIP **4511 ROYAL ST.**  
**PALATKA, FL. 32177**

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 exemption stated in Section 119.07(3)(i), 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: Wayne Troiano / WAYNE TROIANO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/26/04

Date

386-328-0098

Daytime Phone #