

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90446 012 \*\*\*\*61.25

**DOCUMENT # N44830**

1. Entity Name

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



Principal Place of Business

**205 SKEET CLUB RD  
PALATKA FL 32177  
US**

Mailing Address

**P O BOX 542  
PALATKA FL 32177  
US**

**37003088**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

**523 South 13th St**

Suite, Apt. #, etc.

City & State

**Palatka FL**

Zip

**32177**

Country

**USA**

Country

4. FEI Number **59-3130642**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

**Wayne Troiano**

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

**1311 Prospect St**

**Palatka**

City

**FL**

**32177**

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

**WAYNE TROIANO President Wayne Troiano**

**1-8-03**

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**

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 **ALFORD, FRANCES I**  
STREET ADDRESS **177 CENTRAL AVE**  
CITY-ST-ZIP **SAN MATEO FL 32187**

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  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **Treasurer**  
STREET ADDRESS **Joni Carnes**  
CITY-ST-ZIP **408 Emmett St  
Palatka FL 32177**

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

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:

**WGNATURE REQUIRED**

**1-8-03**

**386-328-0098**

CR2E037 (10/02)