

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N49939** (4)

1. Corporation Name

NORTHWEST VOLUSIA ATHLETIC ASSOCIATION, INC.



Principal Place of Business

287 HIGHWAY 17
PIERSON FL 32180

Mailing Address

287 HIGHWAY 17
PIERSON FL 32180

3. Date Incorporated or Qualified
07/13/1992

3a. Date of Last Report
08/14/1995

2. Principal Place of Business
21 **660 Harper RD**

2a. Mailing Address
26 **P.O. Box 3**

4. FEI Number
59-3133058

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23 **Pierston FL**

27 **Pierston FL**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 **32180** 25 **Volusia**

29 **32180** 30 **Volusia**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CROSBY, SHANE
287 HIGHWAY 17
PIERSON FL 32180

81 Name **Quinn York**
82 Street Address (P.O. Box Number is Not Acceptable) **660 Harper RD. P.O. Box 3**
83
84 City **Pierston FL** 85 Zip Code **32180**

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 **Michael Saxton**

3-18-96

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

(NOTE: Registered Agent signature required when re-registering.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DS	<input type="checkbox"/> DELETE
NAME	YORK, QUINN	
STREET ADDRESS	660 HARPER RD.	
CITY-ST-ZIP	PIERSON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SAXTON, MIKE	
STREET ADDRESS	1870 DESOTO DR.	
CITY-ST-ZIP	DELEON SPRINGS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	INGRAM, CLARENCE	
STREET ADDRESS	5115 IVES STREET	
CITY-ST-ZIP	DELEON SPRINGS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STRINGFELLOW, BETTY	
STREET ADDRESS	1667 CAROLINE DR.	
CITY-ST-ZIP	PIERSON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRYANT, CHARLES	
STREET ADDRESS	581 1/S N. VOLUSIA AVENUE	
CITY-ST-ZIP	PIERSON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	DONNA YORK	
13 STREET ADDRESS	660 HARPER RD	
14 CITY-ST-ZIP	PIERSON, FL	
21 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	J. FRIEND	
23 STREET ADDRESS	115 W. DUNDREE AV.	
24 CITY-ST-ZIP	DELEON SPRINGS FL 32130	
31 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	JEFF MILES	
33 STREET ADDRESS	1020 PHELPS LANE	
34 CITY-ST-ZIP	Pierston FL 32180	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
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)(k), 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:

Michael Saxton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-96 (904) 985-3325

Date

Daytime Phone #

CR2E037 (12/95)