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Apr 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortonham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000000455 (6)**

1. Corporation Name

BALDWIN ATHLETIC ASSOCIATION, INC.



Principal Place of Business 500 YELLOW WATER RD. BALDWIN FL 32234 US	Mailing Address RT 24, BOX 110 BALDWIN FL 32234-6913 US
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3. Date Incorporated or Qualified 01/28/1993	3a. Date of Last Report 03/14/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 2551 Summerfield Lane 27 Suite, Apt. #, etc. 28 City & State Baldwin, Fla. 29 Zip 30 Duval 31 Country
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4. FEI Number 59-3257862	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GODBOLD, MARVIN E JR
301 ORANGE AVE.
BALDWIN FL**

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

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

(NOTE: Registered Agent signature required when re-instating)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GRAY, LLOYD	
STREET ADDRESS	545 DREW ST	
CITY-ST-ZIP	BALDWIN FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	THOMPSON, DAVID	
STREET ADDRESS	500 S. MAIN ST.	
CITY-ST-ZIP	BALDWIN FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	BRENNER, MARTHA A.	
STREET ADDRESS	500 S MAIN	
CITY-ST-ZIP	BALDWIN FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	GALLOP, STEPHANIE	
STREET ADDRESS	568 WILLOW AVE	
CITY-ST-ZIP	BALDWIN FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Vice President/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Thompson, David	
2.3 STREET ADDRESS	P.O. Box 492 N/A	
2.4 CITY-ST-ZIP	Baldwin FL 32234	
3.1 TITLE	Treasury /D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Peggy M. Cheatham	
3.3 STREET ADDRESS	2551 Summerfield Lane	
3.4 CITY-ST-ZIP	Baldwin FL 32234	
4.1 TITLE	Secretary /D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Wanda L. Blair	
4.3 STREET ADDRESS	184 2nd. St.	
4.4 CITY-ST-ZIP	Baldwin FL 32234	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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: *[Signature]* 4/23/97 720-6381

CR2E037 (9/96)