

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N93000000604 (9)**

1. Corporation Name

SANS SOUCI ATHLETIC ASSOCIATION, INC.



Principal Place of Business

Mailing Address

PO BOX 16295
JACKSONVILLE FL 32216

PO BOX 16295
JACKSONVILLE FL 32216

3. Date Incorporated or Qualified 02/12/1993	3a. Date of Last Report 02/01/1995
4. FEI Number 59-3085770	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 checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RAY, BILL
2434 UNA DR
JACKSONVILLE FL 32216**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	PICKETT, OLIVER C	
STREET ADDRESS	2595 ANNISTON RD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	JONES, AL	
STREET ADDRESS	2535 W WHITEHORSE RD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	WYERS, DENNIS	
STREET ADDRESS	1850 LILLY RD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	RAY, BILL	
STREET ADDRESS	2434 UNA DR	
CITY-ST-ZIP	JACKSONVILLE FL 32216-5039	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	P D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	LAMONT, DAVID	
1.3 STREET ADDRESS	2515 FERNSIDE RD	
1.4 CITY-ST-ZIP	JACKSONVILLE FL 32246	
2.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JONES AL	
2.3 STREET ADDRESS	2535 W WHITEHORSE RD	
2.4 CITY-ST-ZIP	JACKSONVILLE FL 32216	
3.1 TITLE	S D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	RAY, KAREN	
3.3 STREET ADDRESS	2434 UNA DRIVE	
3.4 CITY-ST-ZIP	JACKSONVILLE FL 32216-5039	
4.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	RAY BILL	
4.3 STREET ADDRESS	2434 UNA DR.	
4.4 CITY-ST-ZIP	JACKSONVILLE FL 32216-5039	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	000001731330	
5.3 STREET ADDRESS	-03/04/96-01109--002	
5.4 CITY-ST-ZIP	***70.00	
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BILL RAY

Ray

1-27-96

Date

904 282 0110

Daytime Phone #

561-3-4-96

CR2E087 (12/95)