

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000000604 (9)
 1. Corporation Name
SANS SOUCI ATHLETIC ASSOCIATION, INC.



Principal Place of Business PO BOX 16285 JACKSONVILLE FL 32216	Mailing Address PO BOX 16285 JACKSONVILLE FL 32216
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3. Date Incorporated or Qualified
02/12/1993

4. FEI Number
59-3085770

Applied For Not Applicable

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
Country 25	Zip 29
Country 25	Country 30

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

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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: Bill Ray Bill Ray TREASURER 2-25-98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LAMONT, DAVID	
STREET ADDRESS	2515 FERNSIDE RD	
CITY-ST-ZIP	JACKSONVILLE FL 32246	
TITLE	D	<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	RAY, KAREN	
STREET ADDRESS	2434 UNA DR	
CITY-ST-ZIP	JACKSONVILLE FL 32216-5039	
TITLE	D	<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		

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SD SHEPHERD, FAYE L.
3.3 STREET ADDRESS	800B NEWTON RD.
3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32216
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 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: Bill Ray Bill Ray TREASURER 2-25-98 (904) 392-8118

CR2E037 (10/97)