

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000604

FILED
Feb 08, 2005
Secretary of State

Entity Name: SANS SOUCI ATHLETIC ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 16295
JACKSONVILLE, FL 322456295 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 16295
JACKSONVILLE, FL 322456295 US

New Mailing Address:

FEI Number: 59-3085770

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RAY, BILL
2434 UNA DR
JACKSONVILLE, FL 322165093 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MCGILL, DUANE
Address: 5222 PENN CIRCLE
City-St-Zip: JACKSONVILLE, FL 32207

Title: D () Delete
Name: LESTER, DARREN
Address: 2533 IRONWOOD
City-St-Zip: JACKSONVILLE, FL 32216

Title: SD () Delete
Name: HARTLEY, PATRICIA
Address: 4304 GOLDIE STREET
City-St-Zip: JACKSONVILLE, FL 32207

Title: D () Delete
Name: RAY, BILL
Address: 2434 UNA DR
City-St-Zip: JACKSONVILLE, FL 322165093

Title: P () Delete
Name: ESTES, WAYNE
Address: 8637 ANDALOMA CT.
City-St-Zip: JACKSONVILLE, FL 32211

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: SCHLACHTER, JENNIFER
Address: 6119 PRATHER DRIVE
City-St-Zip: JACKSONVILLE, FL 32216

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BILL RAY

D

02/08/2005

Electronic Signature of Signing Officer or Director

Date