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FILED

Jan 27 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000000962 (1)

1. Corporation Name

JUSTINA ATHLETIC ASSOCIATION, INC.



Principal Place of Business

Mailing Address

3143 JUSTINA ROAD
JACKSONVILLE FL 322773143 JUSTINA ROAD
JACKSONVILLE FL 32277-33033. Date Incorporated or Qualified
02/25/19933a. Date of Last Report
03/21/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LAUVER, WILLIAM H
10249 ASTRONAUT COURT
JACKSONVILLE FL 32225

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

Tracy Crowell

12587 Ashmore Green Dr. N.

Jacksonville

FL

85 Zip Code
32246

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

Tracy Crowell

1/7/97

DATE

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	LAUVER, WILLIAM H	
STREET ADDRESS	10249 ASTRONAUT CT	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	CROWELL, TRACY	
STREET ADDRESS	12587 ASHMORE GREEN DR. N.	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	KING, KEN	
STREET ADDRESS	39 BECKWITH ST.	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	CADARETTE, CAROL	
STREET ADDRESS	11703 SHELLFISH DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32246	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	LAUVER, REGINIA A	
STREET ADDRESS	10249 ASTRONAUT CT	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEFEVRE, LAURA	
STREET ADDRESS	3407 ALDRIDGE RD. E.	
CITY-ST-ZIP	JACKSONVILLE FL 32250	

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Crowell, Tracy	
1.3 STREET ADDRESS	12587 Ashmore Green Dr N	
1.4 CITY-ST-ZIP	Jacksonville FL 32246	
2.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Jones, Angela	
2.3 STREET ADDRESS	5891 Pompano	
2.4 CITY-ST-ZIP	Jacksonville, FL 32277	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Secretary/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	King, Debbie	
4.3 STREET ADDRESS	39 Beckwith St.	
4.4 CITY-ST-ZIP	Jacksonville, FL 32216	
5.1 TITLE	Treasurer/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Lauver, William H.	
5.3 STREET ADDRESS	10249 Astronaut Ct.	
5.4 CITY-ST-ZIP	Jacksonville, FL 32225	
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:

Tracy Crowell Tracy Crowell

1/7/97

Date

296-8700

Daytime Phone #0007116

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)