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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000000962

1. Corporation Name

JUSTINA ATHLETIC ASSOCIATION, INC.

Principal Place of Business

3101 JUSTINA ROAD
JACKSONVILLE FL 32211

Mailing Address

8511 MATHONIA AVE.
JACKSONVILLE FL 32211



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 02/25/1993 4. FEI Number 23-7010238 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent

CUMMINGS, WILLIE
8511 MATHONIA AVE.
JACKSONVILLE FL 32211

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	P <input type="checkbox"/> DELETE	1.1 TITLE	Athletic Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CUMMINGS, WILLIE	1.2 NAME	Clashous Witherspoon
STREET ADDRESS	8511 MATHONIA AVE.	1.3 STREET ADDRESS	3355 Ashridge Drive
CITY-ST-ZIP	JACKSONVILLE FL 32211	1.4 CITY-ST-ZIP	Jacksonville, FL 32225
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	Football Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CUMMINGS, ANGELA	2.2 NAME	Darryl Williams
STREET ADDRESS	8511 MATHONIA AVE.	2.3 STREET ADDRESS	2812 Justina Rd.
CITY-ST-ZIP	JACKSONVILLE FL 32211	2.4 CITY-ST-ZIP	Jacksonville, FL 32277
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	MADDEN, JAMIA	3.2 NAME	
STREET ADDRESS	3401 TOWNSEND BLVD. APT. 416	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32277	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	MADDEN, WILLIE M JR.	4.2 NAME	
STREET ADDRESS	3401 TOWNSEND BLVD. APT. 416	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32277	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	JONES, ANGELA	5.2 NAME	
STREET ADDRESS	5819 POMPANO DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32277	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

Jamia Madden

3/21/99

(904)858-1350

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)