2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2004 8:00 am
Secretary of State
02-24-2004 90011 032 ****70.00

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1. Entity Name
JUSTINA ATHLETIC ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3101 JUSTINA ROAD JACKSONVILLE, FL 32211	8511 MATHONIA AVE. JACKSONVILLE, FL 32211

02122004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 23-7010238 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CUMMINGS, WILLIE 8511 MATHONIA AVE. JACKSONVILLE, FL 32211	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when changing)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May be Added to Fee

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CUMMINGS, WILLIE 8511 MATHONIA AVE. JACKSONVILLE, FL 322^1 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHNSON, JACK SR 5396 RIVERBREEZE COURT JACKSONVILLE, FL 32277 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PRISCILLA CATO 2628 DALMATION LN. E. JACKSONVILLE, FL 32246 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SHAKUR JOHNSON. 2529 MELSON RD. JACKSONVILLE, FL 32254 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RODNEY HALL 1105 BACALL ROAD JACKSONVILLE, FL 32208 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	LATONYA JACKSON 2626 BYWOOD RD. JACKSONVILLE, FL 32277 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DAMON JONES 12690 COPPERSPRINGS DR. JACKSONVILLE, FL 32224 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Willie Cummings 2-22-04 (904) 727-7619 (H) (904) 838-6053 (Cell)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #