

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90232 029 ****70.00

DOCUMENT # N93000000962

1. Entity Name

JUSTINA ATHLETIC ASSOCIATION, INC.



Principal Place of Business

3101 JUSTINA ROAD
JACKSONVILLE FL 32211

Mailing Address

8511 MATHONIA AVE.
JACKSONVILLE FL 32211

11000447



1st MOORE

CR2E037 (10/04)

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

CUMMINGS, WILLIE
8511 MATHONIA AVE.
JACKSONVILLE FL 32211

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------|--|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | CUMMINGS, WILLIE | |
| STREET ADDRESS | 8511 MATHONIA AVE. | |
| CITY-ST-ZIP | JACKSONVILLE FL 32211 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | JOHNSON, JACK SR | |
| STREET ADDRESS | 5396 RIVERBREEZE COURT | |
| CITY-ST-ZIP | JACKSONVILLE FL 32277 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | FUNDERBURG, LESA M | |
| STREET ADDRESS | 3545 CESERY BLVD | |
| CITY-ST-ZIP | JACKSONVILLE FL 32277 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | MCGHEE, ELLIS | |
| STREET ADDRESS | 5940 WENTWORTH CIR. S. | |
| CITY-ST-ZIP | JACKSONVILLE FL 32277 | |
| TITLE | AD | <input checked="" type="checkbox"/> Delete |
| NAME | SMITH, NICOLE L | |
| STREET ADDRESS | 2623 SAM HOUSTON PLACE | |
| CITY-ST-ZIP | JACKSONVILLE FL 32246 | |
| TITLE | S | <input checked="" type="checkbox"/> Delete |
| NAME | ELLIS, ARLISA | |
| STREET ADDRESS | 2214 MAREBA RD. E. | |
| CITY-ST-ZIP | JACKSONVILLE FL 32246 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | D CATO, PRICILLA | |
| STREET ADDRESS | 2628 DALMATION LN. E. | |
| CITY-ST-ZIP | JACKSONVILLE, FLA 32246 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | HALL, RODNEY | |
| STREET ADDRESS | 1105 BACALL RD. | |
| CITY-ST-ZIP | JACKSONVILLE, FLA 32208 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | JOHNSON, SHAKUR | |
| STREET ADDRESS | 2529 MELSON RD. | |
| CITY-ST-ZIP | JACKSONVILLE, FLA 32254 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | JACKSON, LATONYA | |
| STREET ADDRESS | 2626 BYWOOD RD. | |
| CITY-ST-ZIP | JACKSONVILLE, FLA 32277 | |
| TITLE | S | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | JONES, DAMON | |
| STREET ADDRESS | 12690 COPPERSPRING DR. | |
| CITY-ST-ZIP | JACKSONVILLE, FLA 32224 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #