2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
May 03, 2006 8:00 am
Secretary of State
04-19-2006 90086 025 ****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

04142006 Chg-NP CR2E037 (11/05)

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 reinstating)

Filing Fee is $61.25
Due by May 1, 2006

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CUMMINGS, WILLIE 8511 MATHONIA AVE. JACKSONVILLE, FL 32211	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Cobb, David 6417 Shetland Rd Jax, FL 32277	☐ 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 CATO, PRICILLA 2628 DALMATION LN E JACKSONVILLE, FL 32246	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HALL, RODNEY 1105 BACALL RD JACKSONVILLE, FL 32208	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHNSON, SHAKUR 2529 MELSON RD JACKSONVILLE, FL 32254	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JACKSON, LATONY A 2826 BYWOOD RD JACKSONVILLE, FL 32277	☒ 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 exemptions contained in Chapter 119, 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, Willie Cummings 4/14/06 (904)838-6053
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #