


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 16, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N93000001087</b> 1. Entity Name <b>WHITEHOUSE ATHLETIC ASSOCIATION INC.</b>	
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Principal Place of Business <b>11160 GENERAL AVENUE JACKSONVILLE, FL 32220</b>	Mailing Address <b>11025 W BEAVER ST #513 JACKSONVILLE, FL 32220</b>
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**DO NOT WRITE IN THIS SPACE**



03042005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>02-0690881</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  <b>FERRELL, JULIE 11508 OLD PLANK ROAD JACKSONVILLE, FL 32220</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 Julie Ferrell Julie Ferrell 3-8-05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>000000264900 03/16/05-80034-002 61.25</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JONES, MIKE 1428 BLAIR RD JACKSONVILLE, FL 32221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLOWERS, EDGAR 2866 WEST 11TH ST JACKSONVILLE, FL 32254
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FERRELL, JULIE 11025 W BEAVER ST # 513 JACKSONVILLE, FL 32220
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BROWN, MICHELE 1057 LOSTCREEK RD JACKSONVILLE, FL 32220
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: M. Brown M. Brown 3-9-05 904-390-1404 WK  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #