

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2004 8:00 am
Secretary of State

03-10-2004 90021 014 ****70.00

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02152004 Chg-NP CR2E037 (10/03)

DOCUMENT # N93000002831 1. Entity Name WESCONNETT ATHLETIC ASSOCIATION, INC.					
Principal Place of Business 4717 WESCONNETT BLVD. JACKSONVILLE, FL 32210			Mailing Address 4717 WESCONNETT BLVD. JACKSONVILLE, FL 32210		
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 59-3050360	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BLACKMER, SHAWN 6334 AUTLAN DRIVE JACKSONVILLE, FL 32210			Name ROBERT JONES Street Address (P.O. Box Number is Not Acceptable) 4124 TYNDALE DR. City JACKSONVILLE FL 32210		
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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ORNELLA, MICHAEL A		NAME		
STREET ADDRESS	4471 SHILOH LN		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32210		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLACKMER, SHAWN		NAME		
STREET ADDRESS	6334 AUTLAN DRIVE		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32210		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KNOX, SHELLA		NAME		
STREET ADDRESS	6449 ALINE RD		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32210		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JONES, ROBERT		NAME	PD JONES, ROBERT	
STREET ADDRESS	1700 BLANDING DR		STREET ADDRESS	4124 TYNDALE DR.	
CITY-ST-ZIP	JACKSONVILLE, FL 32210		CITY-ST-ZIP	JACKSONVILLE, FL 32210	
TITLE		<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME	VD ANDREWS, KEITH	
STREET ADDRESS			STREET ADDRESS	5253 LEXINGTON AV.	
CITY-ST-ZIP			CITY-ST-ZIP	JACKSONVILLE, FL 32210	
TITLE		<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME	SD WILLIAMS, KIM	
STREET ADDRESS			STREET ADDRESS	7180 EUDINE DR. N.	
CITY-ST-ZIP			CITY-ST-ZIP	JACKSONVILLE, FL 32210	
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: MICHAELA ORNELLA 02/15/04 904-232-1600 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					