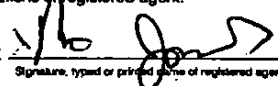
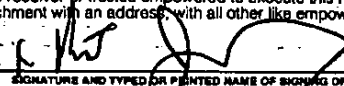


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 24, 2005 8:00 am
Secretary of State

01-19-2005 90006 029 ****70.00

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 Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3050360	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JONES, ROBERT 4124 TYNDALE DR JACKSONVILLE, FL 32210				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE 				DATE	
Filing Fee is \$61.25 Due by May 1, 2005				9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ORNELLA, MICHAEL A 4471 SHILOH LN JACKSONVILLE, FL 32210	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Connie Falkner 5818 Ensensade Rd Jacksonville, FL 32244	☒ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ANDREWS, KEITH 5253 LEXINGTON AVE JACKSONVILLE, FL 32210	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JAMES COLWELL 5525 WESCONNETT JACKSONVILLE, FL 32210	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILLIAMS, KIM 7180 EUDINE DR N JACKSONVILLE, FL 32210	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Jennifer Kile 9934 Chipping Way Jacksonville, FL 32222	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JONES, ROBERT 4124 TYNDALE DR JACKSONVILLE, FL 32210	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Robert Jones 8040 Macinnes Dr E. Jacksonville, FL 32244	☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

66002572



01062005 Chg-NP CR2E037 (10/03)