2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2005 8:00 am
Secretary of State
01-19-2005 90006 029 ****70.00

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DOCUMENT # N93000002831

1. Entity Name
WESCONNETT ATHLETIC ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4717 WESCONNETT BLVD. JACKSONVILLE, FL 32210	4717 WESCONNETT BLVD. JACKSONVILLE, FL 32210

01062005 Chg-NP CR2E037 (10/03)

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 ☐ 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
JONES, ROBERT 4124 TYNDALE DR JACKSONVILLE, FL 32210	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; 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			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	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PConnie Faulkner 5818 Ensenada Rd Jacksonville, FL 32244	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ANDREWS, KEITH 5253 LEXINGTON AVE JACKSONVILLE, FL 32210	☒ Delete	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	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Jennifer Kile 9934 Chirping Way Jacksonville, FL 32222	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JONES, ROBERT 4124 TYNDALE DR JACKSONVILLE, FL 32210	☐ Delete	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 — Date — Daytime Phone #