


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90247 015 ****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 <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
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 Faulkner, Connie Street Address (P.O. Box Number is Not Applicable) 5818 E. ENSENEDA RD City JACKSONVILLE FL 32244		
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 <i>Robert L. Jones</i> (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	TD FALKNER, CONNIE 5818 ENSENEDA RD JACKSONVILLE, FL 32244 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT Faulkner, Connie 5818 E. ENSENEDA RD JACKSONVILLE FL 32244 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CONWELL, JAMES 5525 WESCONNETT JACKSONVILLE, FL 32210 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COLWELL, JAMES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JONES, ROBERT 8040 MACINER DR E JACKSONVILLE, FL 32244 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS Aimee Stolo 8040 E. Kelly Lane JACKSONVILLE FL 32244 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Vince Stolo 8040 E. Kelly Lane JACKSONVILLE, FL 32244 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied in this report is true and correct. If the corporation 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 correct 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 of the corporation or the receiver or trustee of the corporation; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an addendum.					
SIGNATURE: <i>[Signature]</i> SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR			3/22/06 9048586217 Date Daytime Phone #		