FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N93000003588 (1)**

1. Corporation Name

MAXVILLE CIVIC ATHLETIC ASSOCIATION, INC.

Principal Place of Business	Mailing Address
17301 NORMANDY BLVD. JACKSONVILLE FL 32234	17301 NORMANDY BLVD. JACKSONVILLE FL 32234

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/09/1993
3a. Date of Last Report: 02/10/1994
4. FEI Number: 59-3206265 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21 9011 McCLELLAND RD	2a. Mailing Address 26 9011 McCLELLAND RD
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 JACKSONVILLE FL	City & State 28 JACKSONVILLE, FL
Zip 24 32234 Country 25	Zip 29 32234 Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ 1 **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
STEELE, ANN 17301 NORMANDY BLVD. JACKSONVILLE FL 32234	81 Name: JEFF NUCKOLS 82 Street Address (P.O. Box Number is Not Acceptable): 9011 McCLELLAND RD 83 84 City: JAX **FL** 85 Zip Code: 32234

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ 4-25-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	P.	☒ Change ☐ Addition
NAME	STEELE, ANN	12 NAME	JEFF NUCKOLS	
STREET ADDRESS	17301 NORMANDY BLVD.	13 STREET ADDRESS	9011 McCLELLAND RD	
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP	JAX., FL. 32234	
TITLE	V	21 TITLE	V.	☒ Change ☐ Addition
NAME	PAINE, FRANCES	22 NAME	MIKE MORGAN	
STREET ADDRESS	334 MACLELLAND RD.	23 STREET ADDRESS	5726 LONGBRANCH RD.	
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP	JAX., FL. 32234	
TITLE	S	31 TITLE	S	☒ Change ☐ Addition
NAME	NUCKOLS, SANDRA	32 NAME	TERRI McCRACKIN	
STREET ADDRESS	9011 MCCLELLAND RD.	33 STREET ADDRESS	5902 SOLOMON RD.	
CITY-ST-ZIP	JACKSONVILLE FL	34 CITY-ST-ZIP	JAX., FL. 32234	
TITLE	T	41 TITLE	T	☒ Change ☐ Addition
NAME	JORDAN, TAMMY	42 NAME	GENIA WELLHAUSEN	
STREET ADDRESS	RT. 24, BOX 981	43 STREET ADDRESS	309 NORTH RD.	
CITY-ST-ZIP	BALDWIN FL	44 CITY-ST-ZIP	JAX., FL. 32234	
TITLE	D	51 TITLE	D	☒ Change ☐ Addition
NAME	NUCKOLS, JEFF	52 NAME	MIKE HARRIS	
STREET ADDRESS	9011 MCCLELLAND RD.	53 STREET ADDRESS	ROUTE 1 BOX 489K	
CITY-ST-ZIP	JACKSONVILLE FL	54 CITY-ST-ZIP		
TITLE	D	61 TITLE	MD	☒ Change ☐ Addition
NAME	STRICKLAND, R.L.	62 NAME	SANDRA NUCKOLS	
STREET ADDRESS	6220 PEACOCK RIDGE	63 STREET ADDRESS	9011 McCLELLAND RD.	
CITY-ST-ZIP	JACKSONVILLE FL	64 CITY-ST-ZIP	JAX., FL. 32234	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 4-25-95 904-289-7232
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Daytime Phone #)

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