

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000003588 (1)

1. Corporation Name

MAXVILLE CMIC ATHLETIC ASSOCIATION, INC.



Principal Place of Business

Mailing Address

9011 MCCLELLAND RD.
JACKSONVILLE FL 32234
US

9011 MCCLELLAND ROAD
JACKSONVILLE FL 32234
US

3. Date Incorporated or Qualified **08/09/1993** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business
21 **18065 Pennsylvania Ave.** 2a. Mailing Address
26 **18065 Pennsylvania Ave.**

4. FEI Number **59-3206265** Applied For
Not Applicable

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23 City & State **Jacksonville, FL** 28 City & State **Jacksonville, FL**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 Zip **32234** 25 Country **U.S.** 29 Zip **32234** 30 Country **U.S.**

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

NICKOLS, JEFF
9011 MCLELLAND ROAD
JACKSONVILLE FL 32234

81 Name **Morgan, Mike**
82 Street Address (P.O. Box Number is Not Acceptable)
5726 Longbranch Road
83
84 City **Jacksonville** FL 85 Zip Code **32234**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Mike Morgan* DATE **2-6-96**

(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	V	<input type="checkbox"/> DELETE		1.1 TITLE	X	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MORGAN, MIKE			1.2 NAME			
STREET ADDRESS	5726 LONGBRANCH ROAD			1.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL			1.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCCRACKIN, TERRI			2.2 NAME			
STREET ADDRESS	5902 SOLOMAN ROAD			2.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL			2.4 CITY-ST-ZIP			
TITLE	MD	<input type="checkbox"/> DELETE		3.1 TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NUCKOLS, SANDRA			3.2 NAME			
STREET ADDRESS	9011 MCCLELLAND RD.			3.3 STREET ADDRESS	6220 Peacock Range		
CITY-ST-ZIP	JACKSONVILLE FL			3.4 CITY-ST-ZIP	Jacksonville, FL 32234		
TITLE	T	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WELLHAUSEN, GENIA			4.2 NAME			
STREET ADDRESS	309 NORTH ROAD			4.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL			4.4 CITY-ST-ZIP			
TITLE	P	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	S V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	NUCKOLS, JEFF			5.2 NAME	Steve Wellhausen		
STREET ADDRESS	9011 MCCLELLAND RD.			5.3 STREET ADDRESS	309 North Road		
CITY-ST-ZIP	JACKSONVILLE FL			5.4 CITY-ST-ZIP	Jacksonville, FL 32234		
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HARRIS, MIKE			6.2 NAME			
STREET ADDRESS	ROUTE 1 BOX 489K			6.3 STREET ADDRESS	Box 487-K		
CITY-ST-ZIP	JACKSONVILLE FL			6.4 CITY-ST-ZIP	Bayville, FL 32009		

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)(k), 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: *Genia Wellhausen* *Genia Wellhausen* 2-5-96 (904) 289-7035
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)