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FILED

Feb 12 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000003588 (1)

1. Corporation Name

MAXVILLE CIVIC ATHLETIC ASSOCIATION, INC.

Principal Place of Business

Mailing Address

18065 PENNSYLVANIA AVENUE
JACKSONVILLE FL 32234
US18065 PENNSYLVANIA AVENUE
JACKSONVILLE FL 32234-2709
US3. Date Incorporated or Qualified
08/09/19933a. Date of Last Report
02/12/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-3206265Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. 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

MORGAN, MIKE
5726 LONGBRANCH ROAD
JACKSONVILLE FL 32234

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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 ☐ DELETE
NAME MORGAN, MIKE
STREET ADDRESS 5726 LONGBRANCH ROAD
CITY-ST-ZIP JACKSONVILLE FL1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE S ☐ DELETE
NAME MCCrackin, TERRI
STREET ADDRESS 5902 SOLOMAN ROAD
CITY-ST-ZIP JACKSONVILLE FL2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE MD ☒ DELETE
NAME NUCKOLS, SANDRA
STREET ADDRESS 6220 PEACOCK RIDGE
CITY-ST-ZIP JACKSONVILLE FL3.1 TITLE ☒ Change ☐ Addition
3.2 NAME Sheila Lynn
3.3 STREET ADDRESS 16989-1 Wells Rd
3.4 CITY-ST-ZIP Jacksonville, FL 32234TITLE T ☐ DELETE
NAME WELLHAUSEN, GENIA
STREET ADDRESS 309 NORTH ROAD
CITY-ST-ZIP JACKSONVILLE FL4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE V ☐ DELETE
NAME WELLHAUSEN, STEVE
STREET ADDRESS 309 NORTH ROAD
CITY-ST-ZIP JACKSONVILLE FL5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE D ☒ DELETE
NAME HARRIS, MIKE
STREET ADDRESS RT 1 BOX 487L
CITY-ST-ZIP BRYCEVILLE FL6.1 TITLE ☒ Change ☐ Addition
6.2 NAME Ed Brown
6.3 STREET ADDRESS Rt. 15 Box 50C
6.4 CITY-ST-ZIP Balaconia, FL 32234

14. I do 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 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: REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-4-97

Date

(914) 289-7035

Daytime Phone #0006262

CR2E037 (9/96)