


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 10 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000003588 (1)**

1. Corporation Name

**MAXVILLE CIVIC ATHLETIC ASSOCIATION, INC.**



Principal Place of Business <b>18065 PENNSYLVANIA AVENUE JACKSONVILLE FL 32234 US</b>	Mailing Address <b>18065 PENNSYLVANIA AVENUE JACKSONVILLE FL 32234 US</b>
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3. Date Incorporated or Qualified <b>08/09/1993</b>
4. FEI Number <b>59-3206265</b>
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>MORGAN, MIKE 5726 LONGBRANCH ROAD JACKSONVILLE FL 32234</b>	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 **MIKE MORGAN** *Mike Morgan* **President** **1-13-98**  
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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>P MORGAN, MIKE</b>	1.2 NAME	
STREET ADDRESS	<b>5726 LONGBRANCH ROAD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>S MCCRACKIN, TERRI</b>	2.2 NAME	<b>D MCCRACKIN, TERRI</b>
STREET ADDRESS	<b>5902 SOLOMAN ROAD</b>	2.3 STREET ADDRESS	<b>5902 SOLOMAN RD</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	2.4 CITY-ST-ZIP	<b>JACKSONVILLE FL. 32234</b>
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MD LYNN, SHEILA</b>	3.2 NAME	<b>D ANN STEELE</b>
STREET ADDRESS	<b>16989-1 WELLS RD</b>	3.3 STREET ADDRESS	<b>17301 NORMANDY BLVD</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	3.4 CITY-ST-ZIP	<b>JACKSONVILLE FL. 32234</b>
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Y WELLHAUSEN, GENIA</b>	4.2 NAME	<b>T GAYLA LANIER</b>
STREET ADDRESS	<b>309 NORTH ROAD</b>	4.3 STREET ADDRESS	<b>8727 PINE ST.</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	4.4 CITY-ST-ZIP	<b>MAXVILLE FL 32234</b>
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>V WELLHAUSEN, STEVE</b>	5.2 NAME	<b>DANNY LANIER</b>
STREET ADDRESS	<b>309 NORTH ROAD</b>	5.3 STREET ADDRESS	<b>8727 PINE ST.</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	5.4 CITY-ST-ZIP	<b>MAXVILLE FL 32234</b>
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>D BROWN, ED</b>	6.2 NAME	<b>D MIKE HARRIS</b>
STREET ADDRESS	<b>RT 15 BOX 50C</b>	6.3 STREET ADDRESS	<b>RT 1 BOX 489K</b>
CITY-ST-ZIP	<b>BALDWIN FL</b>	6.4 CITY-ST-ZIP	<b>RAYCEVILLE FL. 32009</b>

14. 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 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 *Mike Morgan* **President** **1-13-98** **9:44 2/10/98**

CR2E037 (10/97)