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**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90165 025 \*\*\*\*61.25

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N93000003588**

1. Corporation Name

**MAXVILLE CIVIC ATHLETIC ASSOCIATION, INC.**

Principal Place of Business  
18065 PENNSYLVANIA AVENUE  
JACKSONVILLE FL 32234  
US

Mailing Address  
18065 PENNSYLVANIA AVENUE  
JACKSONVILLE FL 32234  
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified  
**08/09/1993**

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
**59-3206265**

Applied For  
Not Applicable

22 City & State

27 City & State

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

23 Zip Country

28 Zip Country

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

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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 **MIKE MORGAN**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**1-23-99**  
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 FL**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **MCCRACKIN, TERRI**  
STREET ADDRESS **5902 SOLOMAN ROAD**  
CITY-ST-ZIP **JACKSONVILLE FL 32234**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **STEELE, ANN**  
STREET ADDRESS **17301 NORMANDY BLVD**  
CITY-ST-ZIP **JACKSONVILLE FL 32234**

3.1 TITLE **5** ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **T** ☐ DELETE  
NAME **LANIER, GAYLA**  
STREET ADDRESS **8727 PINE ST**  
CITY-ST-ZIP **MAXVUE FL 32234**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE **V** ☐ DELETE  
NAME **LANIER, DANNY**  
STREET ADDRESS **8727 PINE ST**  
CITY-ST-ZIP **MAXVUE FL 32234**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE  
NAME **HARRU, MIKE**  
STREET ADDRESS **RT 1, BOX 489K**  
CITY-ST-ZIP **BRYCEVUE FL 32009**

6.1 TITLE ☒ Change ☒ Addition  
6.2 NAME **BILL GODWIN**  
6.3 STREET ADDRESS **18366 WAKE AVE**  
6.4 CITY-ST-ZIP **MAXVUE FL 32234**

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, with all other like empowered.

SIGNATURE: **MIKE MORGAN** SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-23-99 904-289-9862**

Date

Daytime Phone #

CR2E037 (11/98)