

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90079 014 ****70.00

DOCUMENT # N93000003588

1. Entity Name

MAXVILLE CIVIC ATHLETIC ASSOCIATION, INC.

00045000



DO NOT WRITE IN THIS SPACE

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3206265

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MORGAN, MIKE
5726 LONGBRANCH ROAD
JACKSONVILLE FL 32234

7. Name and Address of New Registered Agent

Name

Godwin, Bill
 Street Address (P.O. Box Number is Not Acceptable)
18366 WARE AVE

City

MAXVILLE

FL

Zip Code

32234

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Bill Godwin / PRESIDENT

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

(NOTE: Registered Agent signature required when reinstating)

Bill Godwin 3-4-02

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MORGAN, MIKE	
STREET ADDRESS	5726 LONGBRANCH ROAD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCRACKIN, TERRI	
STREET ADDRESS	5902 SOLOMAN ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32234	
TITLE	S	<input type="checkbox"/> Delete
NAME	STEELE, ANN	
STREET ADDRESS	17301 NORMANDY BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32234	
TITLE	T	<input type="checkbox"/> Delete
NAME	LANIER, GAYLA	
STREET ADDRESS	8727 PINE ST	
CITY-ST-ZIP	MAXVUE FL 32234	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KROESE, TED	
STREET ADDRESS	14922 BELL ESTATE ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32234	
TITLE	D	<input type="checkbox"/> Delete
NAME	GODWIN, BILL	
STREET ADDRESS	18366 WARE AVE.	
CITY-ST-ZIP	MAXVILLE FL 32234	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREEN, EVERETT	
STREET ADDRESS	150 MAY ST.	
CITY-ST-ZIP	Baldwin FL 32234	
TITLE	MAXVILLE CIVIC ATHLETIC DIR.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LINDSEY, CHARLES	
STREET ADDRESS	17315 NORMANDY BLVD.	
CITY-ST-ZIP	MAXVILLE, FL 32234	
TITLE	PARK COOR.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GODWIN, BETTY	
STREET ADDRESS	18366 WARE AVE	
CITY-ST-ZIP	MAXVILLE, FL 32234	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Godwin, Bill	
STREET ADDRESS	18366 WARE AVE	
CITY-ST-ZIP	MAXVILLE, FL 32234	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Bill Godwin

3-4-02

904-289-7444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)