

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 19, 2004 8:00 am**  
**Secretary of State**

02-19-2004 90024 044 \*\*\*\*70.00

<b>DOCUMENT # N93000003588</b>					
<b>1. Entity Name</b> MAXVILLE CIVIC ATHLETIC ASSOCIATION, INC.					
<b>Principal Place of Business</b> 18065 PENNSYLVANIA AVENUE JACKSONVILLE, FL 32234 US			<b>Mailing Address</b> 18065 PENNSYLVANIA AVENUE JACKSONVILLE, FL 32234 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>		02142004    Chg-NP    CR2E037 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>4. FEI Number</b> 59-3206265	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
GODWIN, BILL 18366 WARE AVE MAXVILLE, FL 32234				Name Street Address (P.O. Box Number is Not Acceptable) City	
FL				Zip Code	
<b>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. I am familiar with, and accept the obligations of registered agent.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to Florida Department of State					
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
<b>TITLE</b> VP	<b>NAME</b> GREEN, EVERETT	<input type="checkbox"/> Delete	<b>TITLE</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 150 MAY STREET	<b>CITY-ST-ZIP</b> BALDWIN, FL 32234		<b>NAME</b> 	<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 
<b>TITLE</b> D	<b>NAME</b> MCCRACKIN, TERRI	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 5902 SOLOMAN ROAD	<b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32234		<b>NAME</b> BETTY GODWIN	<b>STREET ADDRESS</b> 18366 WARE AVE.	<b>CITY-ST-ZIP</b> MAXVILLE FL. 32234
<b>TITLE</b> S	<b>NAME</b> STEELE, ANN	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 17301 NORMANDY BLVD	<b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32234		<b>NAME</b> RHONDA SAMPLES	<b>STREET ADDRESS</b> 7814 HWY. 301 S.	<b>CITY-ST-ZIP</b> MAXVILLE FL. 32234
<b>TITLE</b> T	<b>NAME</b> LANIER, GAYLA	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 8727 PINE ST	<b>CITY-ST-ZIP</b> MAXVILLE, FL 32234		<b>NAME</b> GRADY PADGETT	<b>STREET ADDRESS</b> 19341 NORMANDY BLVD	<b>CITY-ST-ZIP</b> MAXVILLE FL. 32234
<b>TITLE</b> AD	<b>NAME</b> LINDSEY, CHARLES	<input type="checkbox"/> Delete	<b>TITLE</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 17375 NORMANDY BLVD	<b>CITY-ST-ZIP</b> MAXVILLE, FL 32234		<b>NAME</b> 	<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 
<b>TITLE</b> P	<b>NAME</b> GODWIN, BILL	<input type="checkbox"/> Delete	<b>TITLE</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 18366 WARE AVE.	<b>CITY-ST-ZIP</b> MAXVILLE, FL 32234		<b>NAME</b> 	<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 
<b>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.</b>					
<b>SIGNATURE:</b> <u>Bill Godwin</u>			<u>BILL Godwin</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date    2-14-04    904-813-4540		
			Daytime Phone #		