

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90860 020 ****70.00

DOCUMENT # N93000003588

1. Entity Name

MAXVILLE CIVIC ATHLETIC ASSOCIATION,
INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

18065 PENNSYLVANIA AVENUE

Suite, Apt. #, etc.

3. Mailing Address

18065 PENNSYLVANIA AVENUE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
JACKSONVILLE FL

City & State
JACKSONVILLE FL

4. FEI Number
59-3206265

Applied For
Not Applicable

Zip
32234

Country
US

Zip
32234

Country
US

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
GODWIN, BILL

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

18366 WARE AVENUE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Bill Godwin / PRESIDENT

Bill Godwin

2-27-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25

Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	GODWIN, BILL	18366 WARE AVENUE	MAXVILLE FL 32234
V	GREEN, EVERETT	150 MAY ST	BALDWIN FL 32234
S	SAMPLES, RHONDA	7814 HWY 301 S	MAXVILLE FL 32234
T	STEELE, ANN	17301 NORMANDY BLVD	MAXVILLE FL 32234
D	LINDSEY, CHARLES	17375 NORMANDY BLVD	MAXVILLE FL 32234
	PARK COOR	GODWIN, BETTY	18366 WARE AVE
			MAXVILLE FL 32234

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Bill Godwin

BILL GODWIN / PRESIDENT

2-27-03

904-813-4540

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/02)