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

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

DOCUMENT # N9300003588					03-03-2003 90860 020 ****70.00		
MAX\ INC.	VILLE CIVIC ATHLETIC	C ASSOCIA <sup>-</sup>	TION,				
	DO NOT WRITE	E IN THI	S SPAC	E	· · · · · · · · · · · · · · · · · · ·		
2. Principal Place of Business 18065 PENNSYLVANIA AVENUE 3. Mailing Address 18065 PENNSYLVANIA AVENUE				AVENUE	_		
Suite, Apt. #, etc. 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 Applied be		Applied For Not Applicable	
32234	Country US	<sup>Zip</sup> 32234	ປຣ	intry	5. Certificate of Status Desired  \$8.75 Additional Fee Required		
A STATE OF THE STA		9	*		7. Name and Address of	Current Registered Ag	ent
March 1	2		6)	Name GOD	WIN, BILL		
DO NOT WRITE				Street Address (P.O. Box Number is Not Acceptable)			
IN THIS SPACE					ARE AVENUE		
				City MAXVILLE FL Zip Code 32234			32234
8. The above	e named entity submits this statement for	or the purpose of cha	anging its registere	ed office or registe	ered agent, or both, in the sta		
ine obliga	ations of registered agent.			4	, ,		ì
SIGNATURE	Bill Godwin Signature, typed or printed name of registered after	PRESID	ENT	Bill 1 Agent signature require	Hodun	2-27-03	
Site of the second	Mark A. Markanes		(NOTE: Augustee	- Agent Schmidte (echnic	O wich tersuing/	DATE	
	FEE IS \$61.25 Initial or Amended UBR		ection Campaign Fi ist Fund Contributi		\$5.00 May Be Added to Fees	Make Check Pa Florida Departme	
10.	OFFICERS AND DI	RECTORS	- x	- AC 1			to form the street of the street of the street
TITLE ·	Р		TITLE			The state of the s	<u> </u>
NAME	S 18366 WARE AVENUE		NAME				
STREET ADDRESS CITY-ST-ZIP			•	ET ADORESS	1		0
TITLE	MAXVII I E EL 32234			-ST-ZIP		t sa r	
NAME	CDEEN EVEDETT					and with the second second	
STREET ADDRESS	OVERTAL EARLIETT			: Et address		e e e e e gra	
CITY-ST-ZIP				-ST-ZIP	A Berline		
TITLE	S		TITLE		,	to I to be a set of	
NAME STREET ADDRESS	SAMPLES, RHONDA					10° 10° 10° 10° 10° 10° 10° 10° 10° 10°	
CITY-ST-ZIP	71.70   7814 HWY 301 S			T ADORESS ST-ZIP	DO NO	OT WRITI	
TITLE	T = E1 32234		TITLE	<del></del>			
NAME	STEELE, ANN		NAME		in ihi	S SPACE	
STREET ADDRESS CITY-ST-ZIP	17301 NORMANDY BLVD			et address St-Zip			
TITLE	D		, mre		r Sea 2	Sur and the surface	The same of the
LINDSEY, CHARLES			NÂME		宣教(劉明][[[[]]]] [[[]] [[]] [[]] [[]] [[]	the second second	The state of the s
STREET ADDRESS  CITY-ST-ZIP  17375 NORMANDY BLVD				T ADDRESS ST-ZIP		yes and the second	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
TITLE	DARK COOR			al-or a si	THE RESERVE OF THE PARTY OF THE	e in the proof of the rest shall be a	March March March College
NAME	PARK COOR GODWIN, BETTY		NAME		note that the second of the se		and the
STREET ADDRESS 18366 WARE AVE			STREE	T ADDRESS	The state of the s	that make the said	
2. hereby certify that the information supplied with this filling does not qualify for the				ST-ZIP Jan Parkalog	PAGE THAT IN THE	ateries trace	
				The second secon	THE COLUMN TO PERSON AS IN THE PARTY OF THE	445 (1976) 414 (1976)	There was a state of the second and

12. Thereby 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:

Dill Hodun

BILL GODWIN / PRESIDENT

2-27-03

904-813-4540

Date

Daytime Phone #