


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 17 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		 FLORIDA DEPARTMENT OF STATE <i>Sandra B. McArthur</i> Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>N94000000409 (2)</b>			
1. Corporation Name <b>SOUTHSIDE YOUTH ATHLETIC ASSOCIATION, INC.</b>			
Principal Place of Business <b>6801 ALTAMA RD JACKSONVILLE FL 32216</b>		Mailing Address <b>P O BOX 17466 JACKSONVILLE FL 32245-7466</b>	



2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country		2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country		3. Date of Incorporation <b>01/18/1994</b>		4. Date of Last Report <b>03/11/1996</b>	
4. FEI Number <b>NOT APPLICABLE</b>		Applied For <b>Not Applicable</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
9. Name and Address of Current Registered Agent <b>FLETCHER, GREGORY M 11345 SKIMMER COURT JACKSONVILLE FL 32225</b>				10. Name and Address of New Registered Agent <b>81 Name MURPHY, JOSEPH T 82 Street Address (P.O. Box Number is Not Acceptable) 2878 DICKIE CT. 83 84 City JACKSONVILLE FL 85 Zip Code 32216</b>			

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 *Joseph T. Murphy* **2-4-97**  
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD FLETCHER, GREGORY M 11345 SKIMMER CT. JACKSONVILLE FL 32225	1.1 TITLE	PD MURPHY, JOSEPH 2878 DICKIE CT JACKSONVILLE, FL 32216
NAME	VD MURPHY, JOSEPH T 2878 DICKIE CT. JACKSONVILLE FL 32216	1.2 NAME	TD WALLACE, CHERYL 7204 TAHITI ROAD JAX, FL 32216
STREET ADDRESS	TD WALLACE, CHERYL 7204 TAHITI ROAD JACKSONVILLE FL 32216	1.3 STREET ADDRESS	SD GUANCIALE, ALLYSON 6823 WAIKIKI ROAD JAX, FL 32216
CITY-ST-ZIP	SD GUANCIALE, ALLYSON 6823 WAIKIKI RD. JACKSONVILLE FL 32216	1.4 CITY-ST-ZIP	
		2.1 TITLE	
		2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
		3.1 TITLE	
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
		4.1 TITLE	
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE	
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Joseph T. Murphy* **2-4-97** **904-642-8844**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #0008545

CR2E037 (9/96)