

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 22 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000000409 (2)**

1. Corporation Name

**SOUTHSIDE YOUTH ATHLETIC ASSOCIATION, INC.**



Principal Place of Business <b>6801 ALTAMA RD JACKSONVILLE FL 32216</b>	Mailing Address <b>P O BOX 17466 JACKSONVILLE FL 32216</b>
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3. Date Incorporated or Qualified

**01/18/1994**

4. FEI Number

**NOT APPLICABLE**

Applied For
Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29	30

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

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MURPHY, JOSEPH T  
2878 DICKIE CT.  
JACKSONVILLE FL 32216**

81 Name

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

83

84 City

**FL**

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MURPHY, JOSEPH	
STREET ADDRESS	2878 DICKIE CT.	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	WALLACE, CHERLY	
STREET ADDRESS	7204 TAHITI RD.	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	WALLACE, CHERYL	
STREET ADDRESS	7204 TAHITI ROAD	
CITY - ST - ZIP	JACKSONVILLE FL 32216	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	GUANCIALE, ALLYSON	
STREET ADDRESS	6823 WAIKIKI RD.	
CITY - ST - ZIP	JACKSONVILLE FL 32216	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	GUANCIALE, ALLYSON	
STREET ADDRESS	6823 WALKIKI RD.	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	KEVIN S. HAWKINS	
1.3 STREET ADDRESS	1166 CATALINA RD E	
1.4 CITY - ST - ZIP	JACKSONVILLE FL 32216	
2.1 TITLE	VAD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Michael Wallace	
2.3 STREET ADDRESS	7204 Tahiti Rd	
2.4 CITY - ST - ZIP	JACKSONVILLE FL 32216	
3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Lisa Lucas	
3.3 STREET ADDRESS	7060 Holiday Hill Cr	
3.4 CITY - ST - ZIP	JACKSONVILLE FL 32216	
4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Sharon Murphy	
4.3 STREET ADDRESS	2878 Dickie Ct.	
4.4 CITY - ST - ZIP	JACKSONVILLE FL 32216	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. 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 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:

**KEVIN S. HAWKINS, President 2/7/98 904496**

CR2E037 (10/97)