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Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90243 048 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000000409

1. Corporation Name

SOUTHSIDE YOUTH ATHLETIC ASSOCIATION, INC.

Principal Place of Business
6801 ALTAMA RD
JACKSONVILLE FL 32216

Mailing Address
P O BOX 17466
JACKSONVILLE FL 32216



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 01/18/1994	4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees		

9. Name and Address of Current Registered Agent

MURPHY, JOSEPH T
2878 DICKIE CT.
JACKSONVILLE FL 32216

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	HAWKINS, KEVIN S.	1.2 NAME	GONZALEZ STEVEN R
STREET ADDRESS	1166 CETRALINA RD E	1.3 STREET ADDRESS	3770 EUNICE RD
CITY-ST-ZIP	JACKSONVILLE FL 32216	1.4 CITY-ST-ZIP	JACKSONVILLE BCH FL 32250
TITLE	VPD	2.1 TITLE	VPD
NAME	WALLACE, MICHAEL	2.2 NAME	PAT DANIEL
STREET ADDRESS	7204 TANITI ROAD	2.3 STREET ADDRESS	9744 ELAINE RD
CITY-ST-ZIP	JACKSONVILLE FL 32216	2.4 CITY-ST-ZIP	JACKSONVILLE FL 32246
TITLE	TD	3.1 TITLE	← SAME
NAME	LUCAS, LISA	3.2 NAME	
STREET ADDRESS	7060 HOLIDAY HILL COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32216	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	← SAME
NAME	MURPHY, SHARON	4.2 NAME	
STREET ADDRESS	2878 DICKIE COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32216	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

Signature of Steven R. Gonzalez
STEVEN R. GONZALEZ
PRESIDENT 2-22-99
 Date: 904-223-5531
 Daytime Phone #

CR2E037 (11/98)