2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006 8:00 am
Secretary of State
01-19-2006 90084 021 ****70.00

DOCUMENT # N94000000409

1. Entity Name
SOUTHSIDE YOUTH ATHLETIC ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6801 ALTAMA RD JACKSONVILLE, FL 32216	P O BOX 17466 JACKSONVILLE, FL 32245

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3217819

☐ Applied For
☐ Not Applicable

6. Name and Address of Current Registered Agent

BOWLES, T. RENCE
246 GLYNLEA RD
JACKSONVILLE, FL 32216

DO NOT WRITE IN THIS SPACE

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. Registered Agent (Not Required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	PD	PD
NAME	LYNCH, ROSCH, RON		
STREET ADDRESS	901 NIGHTINGALE RD		
CITY-ST-ZIP	JACKSONVILLE, FL 32216		
TITLE	VPD	VPD	VPD
NAME	WILLIAMS, DAWNE		
STREET ADDRESS	1821 BUCKRIDGE RD		
CITY-ST-ZIP	JACKSONVILLE, FL 32216		
TITLE	SD	SD	
NAME	CHIOTTO, TERESA		
STREET ADDRESS	578 BAY RIDGE RD		
CITY-ST-ZIP	JACKSONVILLE, FL 32216		
TITLE	TD		
NAME	BOWLES, T. RENEE		
STREET ADDRESS	246 GLYNLEA RD		
CITY-ST-ZIP	JACKSONVILLE, FL 32216		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information indicated on this 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: T. Renee Bowles 1-8-06 904-722-9165

SIGNATURE AND ADDITIONAL INFORMATION ARE MANDATORY (FAILURE TO COMPLETE WILL RESULT IN DISSOLUTION OF THE CORPORATION) OFFICER OR DIRECTOR

Date Date Daytime Phone # Fax #