FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

ACCEPTED AND FILED

DOCUMENT # N94000001833 (2)

JACKIE ROBINSON ATHLETIC ASSOCIATION, INC.

FILED
05 MAY 9 AM 9:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
605 E ROBINSON ST SUITE 630 ORLANDO FL 32801	605 E ROBINSON ST SUITE 630 ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/05/1994 — 3a. Date of Last Report:

4. FEI Number: 59-3239488 — ☐ Applied For ☐ Not Applicable

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

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — **$68.75** Supplemental Fee Not Required

8. This corporation has activity for chargeable tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PERR, JAMES E
605 E. ROBINSON ST.
SUITE 630
ORLANDO FL 32801

Correction to name

10. Name and Address of New Registered Agent

81 Name: JAMES E.C. PERRY

82 Street Address (P.O. Box Number is Not Acceptable): 605 E. Robinson St

83: Ste 630

84 City: Orlando — FL — 85 Zip Code: 32801

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: _____ (Appointed registered agent signature required) (NEW Registered Agent signature required when reinstating) — 5/9/95 (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	D	☐ Change ☒ Addition
NAME	REDDICK, ALZO J	12 NAME	REGINALD P. HICKS	
STREET ADDRESS	2116 MONTE CARLO DR.	13 STREET ADDRESS	605 E. Robinson St Ste 630	
CITY ST ZIP	ORLANDO FL 32809	14 CITY ST ZIP	ORLANDO FL 32801	
TITLE	DP (Co Chairman)	21 TITLE		☐ Change ☐ Addition
NAME	FORD, NAPOLEON	22 NAME		
STREET ADDRESS	1109 COVETTA WAY	23 STREET ADDRESS		
CITY ST ZIP	ORLANDO FL 32805	24 CITY ST ZIP		
TITLE	DV (President)	31 TITLE		☐ Change ☐ Addition
NAME	PERRY, JAMES E	32 NAME		
STREET ADDRESS	281 RANGELINE RD.	33 STREET ADDRESS		
CITY ST ZIP	LONGWOOD FL 32750	34 CITY ST ZIP		
TITLE	DS (S)	41 TITLE		☐ Change ☐ Addition
NAME	GARY, WILBUR S	42 NAME		
STREET ADDRESS	2430 PIEDMONT ST.	43 STREET ADDRESS		
CITY ST ZIP	ORLANDO FL 32805	44 CITY ST ZIP		
TITLE	DT	51 TITLE		☐ Change ☐ Addition
NAME	MILLER, WILLIAM	52 NAME		
STREET ADDRESS	1201 S. ORLANDO, SUITE 400	53 STREET ADDRESS		
CITY ST ZIP	WINTER PARK FL 32789	54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ 5/9/95 (Date) — 407/422-5758 (Telephone Number)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0003444