

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N94000001833 (2)**

1. Corporation Name

**JACKIE ROBINSON ATHLETIC ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

**605 E. ROBINSON ST.  
SUITE 630  
ORLANDO FL 32801**

**605 E. ROBINSON ST.  
SUITE 630  
ORLANDO FL 32801**

3. Date Incorporated or Qualified  
**04/05/1994**

3a. Date of Last Report  
**05/11/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

**P.O. Box 2248**

4. FEI Number

**59-3239488**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

City & State

City & State

23

28

**ORLANDO FL**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

Zip

Country

Zip

Country

24

25

29

**32802-2248**

30

**USA**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PERRY, JAMES E C  
605 E. ROBINSON ST.  
SUITE 630  
ORLANDO FL 32801**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	REDDICK, ALZO J	
STREET ADDRESS	2116 MONTE CARLO DR.	
CITY-ST-ZIP	ORLANDO FL 32809	
TITLE	COC	<input type="checkbox"/> DELETE
NAME	FORD, NAPOLEON	
STREET ADDRESS	1109 COVETTA WAY	
CITY-ST-ZIP	ORLANDO FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	PERRY, JAMES E	
STREET ADDRESS	281 RANGELINE RD.	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	GARY, WILBUR S	
STREET ADDRESS	2430 PIEDMONT ST.	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	MILLER, WILLIAM	
STREET ADDRESS	1201 S. ORLANDO, SUITE 400	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HICKS, REGINALD P	
STREET ADDRESS	605 E ROBINSON ST, STE 630	
CITY-ST-ZIP	ORLANDO FL	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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)(k), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/30/96**

Date

**407-422-5758**

Daytime Phone

CR2E037 (12/95)