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FILED
May 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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~~	POST OFFICE BOX 2248 ~~SUITE 630~~ ORLANDO FL 32802-2248 US

2. Principal Place of Business
21 219 Lime Avenue
22 Suite, Apt. #, etc.
23 City & State
24 Zip 32805 25 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip 29 Country 30

3. Date Incorporated or Qualified 04/05/1994
3a. Date of Last Report 02/02/1996

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

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

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

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 219 Lime Avenue
83
84 City Orlando FL 85 Zip Code 32805

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 _____ DATE
Signature, typed or printed name of registered agent (and title if applicable) (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	REDDICK, ALZO J		1.2 NAME		
STREET ADDRESS	2116 MONTE CARLO DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32809		1.4 CITY-ST-ZIP		
TITLE	COC	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	FORD, NAPOLEON		2.2 NAME		
STREET ADDRESS	1109 COVETTA WAY		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	PERRY, JAMES E		3.2 NAME	219 Lime Avenue	
STREET ADDRESS	~~281 RANGELINE RD.~~ STE 7		3.3 STREET ADDRESS	Orlando. Fl 32805	
CITY-ST-ZIP	~~LONGWOOD FL~~		3.4 CITY-ST-ZIP		
TITLE	DT	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MILLER, WILLIAM		4.2 NAME		
STREET ADDRESS	1201 S. ORLANDO, SUITE 400		4.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL 32789		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	HICKS, REGINALD P		5.2 NAME		
STREET ADDRESS	~~605 E ROBINSON ST, STE 630~~		5.3 STREET ADDRESS	219 Lime Avenue,	
CITY-ST-ZIP	ORLANDO FL		5.4 CITY-ST-ZIP	32805	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I do 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 _____ 4/11/97

CR2E037 (9/96)