

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000001833 (2)

1. Corporation Name

JACKIE ROBINSON ATHLETIC ASSOCIATION, INC.



Principal Place of Business 605 E. ROBINSON ST. SUITE 630 ORLANDO FL 32801	Mailing Address POST OFFICE BOX 2248 SUITE 630 ORLANDO FL 32802-2248 US
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3. Date Incorporated or Qualified

04/05/1994

4. FEI Number

59-3239488

Applied For

Not Applicable

2. Principal Place of Business 21 Lime Avenue Suite, Apt. #, etc. City & State Orlando Zip 32805 Country Orange	2a. Mailing Address P.O. Box 2248 Suite, Apt. #, etc. City & State Orlando Zip 32802-2248 Country Orlando
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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. Is this nonprofit corporation a homeowners association?

☐ Yes☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes☒ No

9. Name and Address of Current Registered Agent

PERRY, JAMES E C
219 LIME AVENUE
ORLANDO FL 32805

10. Name and Address of New Registered Agent

81 Name

J

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	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REDDICK, ALZO J	1.2 NAME	
STREET ADDRESS	2118 MONTE CARLO DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32809	1.4 CITY-ST-ZIP	
TITLE	COO	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PERRY, JAMES E	3.2 NAME	
STREET ADDRESS	219 LIME AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	DT	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HICKS, REGINALD P	5.2 NAME	
STREET ADDRESS	219 LIME AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	
TITLE	FORD, NAPOLEON	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1109 COVETTA WAY	6.2 NAME	
STREET ADDRESS	Orlando, FL 32809	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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/98)