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Secretary of State

03-01-1999 90135 031 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000001833

1. Corporation Name

JACKIE ROBINSON ATHLETIC ASSOCIATION, INC.

Principal Place of Business

219 LIME AVE
ORLANDO FL 32805
US

Mailing Address

P.O. BOX 2248
ORLANDO FL 32802
US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	04/05/1994
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-3239488
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23	28	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip	Zip	Trust Fund Contribution
24	29	
Country	Country	
25	30	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PERRY, JAMES E C 219 LIME AVENUE ORLANDO FL 32805	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

James E. Perry

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 checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORD, NAPOLEON	1.2 NAME	
STREET ADDRESS	1109 COREHAWAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32809	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	D-Adam, Preston <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PERRY, JAMES E	2.2 NAME	8091 Canyon Lake Circle
STREET ADDRESS	219 LIME AVE	2.3 STREET ADDRESS	Orlando, FL 32835
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	HICKS, REGINALD P	3.2 NAME	
STREET ADDRESS	219 LIME AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/99

407-422-5758

Date

Daytime Phone #

CR2E037 (11/98)