FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N95000002822 (3)

Principal Place of Business	Mailing Address		
11269 CLOVERHILL CT	11269 CLOVERHILL CT		
JACKSONVILLE FL 32257	JACKSONVILLE FL 32257-1438		

FILED Apr 23 1997 8:00am Secretary of State

ST. JOI	HNS SPORTS ASSOCIATION	I, INC.			
Principal Place of Business Mailing Address				LEDELINGS RIG ICIDS BUSH BRINS DRIVEN DAY	
11269 CLOVERHILL CT 11269 CLOVERHILL CT JACKSONVILLE FL 32257-1438					
				3. Date Incorporated or Qualified 06/09/1995	3a. Date of Last Report 05/14/1996
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 26 446-25 SR		/3	59-3112205	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27 Suite, 377				5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		27 Suite 572 City & State		6 Flatin County Figure	
23	~	28 Jacksonville	FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for in	
24	25	29 32259 30	USA		Yes X No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Reg	Istered Agent
81 N			81 Name		
MINOR, RANDALL G			82 Street Address (P.O. Box Number is Not Acceptable)		
5515 PHILLIPS HWY		83	·		
JACKSOI	NVILLE FL 32207		[65]		
			84 City		FL 85 Zip Code
11, Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes,	the above-named co	prporation submits this statement for the pu	
office or r	egistered agent, or both, in the State	of Florida, Such change was auti	horized by the corpor la Statutes	orporation submits this statement for the puration's board of directors. I hereby accept	the appointment as registered
SIGNATURE	The familiar with, and accept the conga	tions of, dection of 7.000g, Florid	ia Statotos.		
SIGNATURE .	Signature, typed or printed name of registered agor	it and title it applicable. (NOTE: R	egistered Agent signature rec	uired when reinstating)	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	DP ATTRACT	DELETE	1,1 TITLE	DP	Change Addition
NAME	PADRON, SERGIO		1.2 NAME	Carr, Bill,	
STREET ADDRESS	2096 HAWKCREST DR E		1.3 STREET ADDRESS	Carr, Bill 1249 Hidden Oaks PL Jacksonville FL 32:	
CITY-ST-ZIP	JACKSONVILLE FL 32259	DELETE .	1.4 CITY - ST - ZIP	Jacksonville FL 32	Change Addition
TITLE NAME	DV Carr, Bill	(7) nerest	2.1 TITLE 2.2 NAME	DV	Change
STREET ADDRESS	1249 HIDDEN OAKS PL		2.2 NAME 2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32259		2.4 CITY-ST-ZIP		
TITLE	DS	DELETE	3.1 TITLE	DS	Change
NAME	NEWTON, DEBBIE	,	3.2 NAME	Chastein Candy	λ –
STREET ADDRESS	325 LOLLY LN		3.3 STREET ADDRESS	Chastain Candy Ct 4587 Wilderness Ct Jacksonville FL 321	
CITY-ST-ZIP	JACKSONVILLE FL 32259		3.4. CITY-ST-ZIP	Jacksonville FL 322	257
TITLE	DŤ	☐ DELETE	4.1 TITLE		Change Addition
NAME	ISGETTE, HAROLD		4. 2 NAME		
STREET ADDRESS	11269 CLOVERHILL CT		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32257		4.4 CITY - S1 - ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5 2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	5.4 CITY - ST - ZIP		Ohanna Tadania
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.