


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 23 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 # N95000002822 (3) 1. Corporation Name ST. JOHNS SPORTS ASSOCIATION, INC.			
Principal Place of Business 11269 CLOVERHILL CT JACKSONVILLE FL 32257		Mailing Address 11269 CLOVERHILL CT JACKSONVILLE FL 32257-1438	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 06/09/1995		3a. Date of Last Report 05/14/1996	
4. FEI Number 59-3112205		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent MINOR, RANDALL G 5515 PHILLIPS HWY JACKSONVILLE FL 32207		10. Name and Address of New Registered Agent 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 DP <input checked="" type="checkbox"/> DELETE		1.1 TITLE DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME PADRON, SERGIO		1.2 NAME Carr, Bill	
STREET ADDRESS 2086 HAWKCREST DR E		1.3 STREET ADDRESS 1249 Hidden Oaks PL	
CITY-ST-ZIP JACKSONVILLE FL 32259		1.4 CITY-ST-ZIP Jacksonville FL 32259	
TITLE DV <input checked="" type="checkbox"/> DELETE		2.1 TITLE DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME CARR, BILL		2.2 NAME	
STREET ADDRESS 1249 HIDDEN OAKS PL		2.3 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL 32259		2.4 CITY-ST-ZIP	
TITLE DS <input checked="" type="checkbox"/> DELETE		3.1 TITLE DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME NEWTON, DEBBIE		3.2 NAME Chastain, Candy	
STREET ADDRESS 325 LOLLY LN		3.3 STREET ADDRESS 4587 Wilderness Ct	
CITY-ST-ZIP JACKSONVILLE FL 32259		3.4 CITY-ST-ZIP Jacksonville FL 32257	
TITLE DT <input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	



CR2E037 (9/96)