

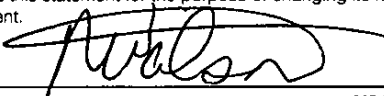
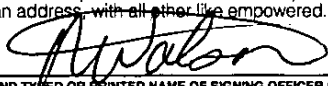


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90040 041 ****70.00

DOCUMENT # N95000002822 1. Entity Name ST. JOHNS SPORTS ASSOCIATION, INC.					
Principal Place of Business 4587 WILDERNESS CT. JACKSONVILLE, FL 32258			Mailing Address PO BOX 600789 JACKSONVILLE, FL 32260 US		
2. Principal Place of Business 568 Grand Parke Dr. Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Jacksonville FL		City & State Suite, Apt. #, etc.		02082005 Chg-NP CR2E037 (10/03)	
City & State Jacksonville FL		City & State Suite, Apt. #, etc.		4. FEI Number 59-3112205	
Zip 32259		Country US		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHASTAIN, CANDY 4587 WILDERNESS CT JACKSONVILLE, FL 32258				7. Name and Address of New Registered Agent Name Robbie Watson Street Address (P.O. Box Number is Not Acceptable) 568 Grand Parke Dr. City JACKSONVILLE State FL Zip Code 32259	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 				DATE 2/9/2005	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BISHOP, FERRELL S 11551 CYPRESS BEND CT. JACKSONVILLE, FL 32259	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WATSON, Robbie 568 GRAND PARKE DR JACKSONVILLE FL 32259	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CHASTAIN, CANDY 4587 WILDERNESS CT JACKSONVILLE, FL 32258	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	UPD NEWMAN, EARL 1350 N. DEGROVE RD JACKSONVILLE FL 32259	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COUGHLIN, VICKIE 2425 HAWK CREST DR. E. JACKSONVILLE, FL 32259	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CALDERWOOD, KIM 1472 MAHARD LAKE AVE JACKSONVILLE FL 32259	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MCVEAGH, JOHN 208 TWINING TRACE JACKSONVILLE, FL 32259	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCVEAGH, JOHN 208 TWINING TRACE JACKSONVILLE FL 32259	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 				DATE 2/9/2005 (904)633 4931	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					