

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

04-07-2003 91052 017 ****61.25

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3112205**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MINOR, RANDALL G
5515 PHILLIPS HWY
JACKSONVILLE FL 32207**

Name

Gail Smithson

Street Address (P.O. Box Number is Not Acceptable)

1447 Tama Ran Pl

City

Jax

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

Gail Smithson

[Signature]

3/31/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	NEWMAN, EARL	
STREET ADDRESS	1350 DEGROVE RD	
CITY-ST-ZIP	JACKSONVILLE FL 32259	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	BISHOP, FERRELL S	
STREET ADDRESS	136 JOHNS GLENN DR	
CITY-ST-ZIP	JACKSONVILLE FL 32259	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	CHASTAIN, CANDY	
STREET ADDRESS	4587 WILDERNESS CT.	
CITY-ST-ZIP	JACKSONVILLE FL 32258	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	BRANNEN, LAURA	
STREET ADDRESS	701 TROTWOOD TRACE CT.	
CITY-ST-ZIP	JACKSONVILLE FL 32259	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11551 Cypress Bend Ct	
STREET ADDRESS	Jax FL 32259	
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gail Smithson	
STREET ADDRESS	1447 Tama Ran Pl	
CITY-ST-ZIP	Jacksonville, FL 32259	
TITLE	5. Amanda Bond	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1705 Southcreek Dr.	
STREET ADDRESS	Jax, FL 32259	
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gary Bond	
STREET ADDRESS	1705 Southcreek Dr.	
CITY-ST-ZIP	Jax, FL 32259	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **Earl Newman**

Signature and typed or printed name of signing officer or director

3/31/03

Date

Daytime Phone #

CR2E037 (10/02)