

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 23, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 196000003574**

1. Entity Name  
**INNER CITY ATHLETIC ASSOCIATION INC.**



Principal Place of Business  
**11761 RAVEN DR S  
JACKSONVILLE, FL 32218 US**

Mailing Address  
**11761 RAVEN DRS  
JACKSONVILLE, FL 32218 US**

**DO NOT WRITE IN THIS SPACE**



01212004 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-3338522**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**STEWARD, LAWRENCE A  
11761 RAVEN DRS.  
JACKSONVILLE, FL 32218**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
STEWARD, LAWRENCE  
11761 RAVEN DR S  
JACKSONVILLE, FL 32218**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
CLARK, STANLEY  
1604 SHEARWATER DR.  
JACKSONVILLE, FL 32218**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
WATERS, DANA  
5372 SOUTEL DR.  
JACKSONVILLE, FL 32208**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1100000063929  
02/23/04-80178-024 70.00

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IN THIS SPACE**

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:**

*Lawrence A. Steward*  
**Lawrence A. Steward**

*2/18/04 (904) 683-0250*  
Date Daytime Phone #