


FILE NOW: FILING FEE IS \$61.25

FILED
May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N96000003576 (3)**

1. Corporation Name

NORTH QUADRANT ATHLETIC ASSOCIATION, INC.



Principal Place of Business	Mailing Address
P O BOX 12755 JACKSONVILLE FL 32209	P O BOX 12755 JACKSONVILLE FL 32209-0755

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/08/1996	3a. Date of Last Report 7-8-96
21 2745 Hamilton Cir	26 P.O. Box 12755			4. FEI Number 59-33-87302	Applied For Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.			5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23 City & State Jacksonville, Florida	28 City & State Jacksonville, Florida			6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip 32209	25 Country Duval	29 Zip 32209	30 Country Duval	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
GREGORY, RODNEY G 3900 ATLANTIC BLVD JACKSONVILLE FL 32207		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 *Cedric L. Singletary*
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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRANT, JAMES	1.2 NAME	
STREET ADDRESS	7565 JOHN F KENNEDY DR W	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32219	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDREW, TIMOTHY	2.2 NAME	AD
STREET ADDRESS	3411 MCMILLAN ST	2.3 STREET ADDRESS	Adrian Mincey
CITY-ST-ZIP	JACKSONVILLE FL 32208	2.4 CITY-ST-ZIP	3608 Morris Ave
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINGLETARY, CEDRIC L	3.2 NAME	
STREET ADDRESS	800 BROWARD RD #J103	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32218	3.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINGLETARY, SABRINA	4.2 NAME	VD
STREET ADDRESS	800 BROWARD RD #J103	4.3 STREET ADDRESS	Kenneth Smith
CITY-ST-ZIP	JACKSONVILLE FL 32218	4.4 CITY-ST-ZIP	7564 John F Kennedy DR W
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCARTHUR, DAPHNE	5.2 NAME	
STREET ADDRESS	1591 LANE AVE APT 26 W	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32210	5.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, CAROLYN	6.2 NAME	Rebecca Smith
STREET ADDRESS	3516 DAWSON ST	6.3 STREET ADDRESS	7564 John F Kennedy Dr., W.
CITY-ST-ZIP	JACKSONVILLE FL 32209	6.4 CITY-ST-ZIP	Jacksonville, Florida 32214

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.

SIGNATURE: *Cedric L. Singletary*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **791-8908**

CR2E037 (9/96)