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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
Division of Corporations

1997

DOCUMENT # N9600003576 (3)

NORTH QUADRANT ATHLETIC ASSOCIATION, INC.

Principal Place of Business

Mailing Address

## FILED May 20 1997 8:00am Secretary of State



Thiopartition	, or Escalification					
P O BOX 12755 JACKSONVILLE F	FL 32209	P O BOX JACKSON	12755 WILLE FL <b>32209-</b> 0755		•	<
					3. Date Incorporated or Qualified 07/08/1996	3a. Date of Last Report
	lace of Business	2a. Mail	ing Address	~~~~	4. FEI Number	Applied For
21 274	5 Hamiltonl	JR. 26 1.	0. Box 1	<u>2755</u>	<u> 59·33-873</u>	Not Applicable
Suite, Apt. #	#, etc."	Suite 27	e, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	1. 11 71 .	dA 28 S	& State ACKSONG		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 3名aで	25 DUVE	1 29 3×	3209 3	Dunin		Yes No
	9, Name and Address of Cu	rrent Registered	Agent		10. Name and Address of New R	legistered Agent
				81 Name		
GREGORY, RODNEY G 3900 ATLANTIC BLVD				82 Street Address (P.O. Box Number is Not Acceptable)		
	WILLE FL 32207			B3		
				84 City		FL 85 Zip Code
11. Pursuant t	to the provisions of Sections 617	.0502 and 617.15	08, Florida Statutes,	the above-named	corporation submits this statement for the	purpose of changing its registered
office or re	egistered agent, or both, in the S	tate of Florida. Su	ich change was aut	horized by the corp	poration's board of directors. I hereby acc	ept the appointment as registered
agost Lan						
	Can	bigations of Sec	IIOII 617.USUSTINIII	T01-		
SIGNATURE	Signature, typed or printed name of registere	1.6	سنريك	lan_	required when reinstating)	DATE .
SIGNATURE	Signature, typed or printed name of registere	1.6	cable NOTE: R	lan_		
SIGNATURE _	Signature, typed or printed name of registere OFFICERS	d agent and title if applic	cable NOTE: R	legistered Agent signature	required when reins(sting)	
SIGNATURE	Signature, typed or printed name of registere OFFICERS D GRANT, JAMES	ad agent and title if applications and DIRECTOR	cable NOTE: R	legistered Agent sterature	required when reins(sting)	ICERS AND DIRECTORS IN 12
SIGNATURE 5	Signature, typed or printed name of registers OFFICERS D GRANT, JAMES 7565 JOHN F KENNEDY D	ad agent and title if applications and DIRECTOR	cable NOTE: R	negistered Agent surrature 13. 1.1 TITLE	required when reins(sting)	ICERS AND DIRECTORS IN 12
SIGNATURE	Signature, typed or printed name of registere OFFICERS D GRANT, JAMES 7585 JOHN F KENNEDY D JACKSONYILLE FL 32219	ad agent and title if applications and DIRECTOR	cable MOTE R S DELETE	agistered Agent per reture  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1 4 CITY-ST-ZIP	required when reins(sting)	ICERS AND DIRECTORS IN 12  Change Addition
SIGNATURE	Signature, typed or printed name of registers OFFICERS D GRANT, JAMES 7565 JOHN F KENNEDY D JACKSONVILLE FL 32219	ad agent and title if applications and DIRECTOR	cable NOTE: R	agistered Agent pureture  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE	required when reinstating)  ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12  Change Addition  Change Addition
SIGNATURE  12. HILE NAME STREEL ADDRESS CITY-ST-ZIP TILE NAME	Signature, typed or printed name of registers OFFICERS D GRANT, JAMES 7565 JOHN F KENNEDY D JACKSONVILLE FL 32219 D ANDREW, TIMOTHY	ad agent and title if applications and DIRECTOR	cable MOTE R S DELETE	agistered Agent by reture  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-SY-ZIP  2.1 TITLE  2.2 NAME	required when reinstating)  ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12  Change Addition  Change Addition
SIGNATURE  12. HILE NAME STREEL ADDRESS CITY-ST-ZIP THLE	Signature, typed or printed name of registere OFFICERS D GRANT, JAMES 7565 JOHN F KENNEDY D JACKSONVILLE FL 32219 D ANDREW, TIMOTHY 3411 MCMILLAN ST	ad agent and title if applications and DIRECTOR	cable MOTE R S DELETE	agistered Agent pureture  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE	ADDITIONS/CHANGES TO OFF  ADDITIONS/CHANGES TO OFF  ADDITIONS/CHANGES TO OFF  ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12  Change Addition  Change Addition
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4. I do hereby certify that the information supplied with this filing does not quality 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

791-8908

Daytime Phone #0006