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Jul 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000003576

1. Corporation Name
North Quadrant Athletic Association, Inc.
P.O. Box 12755
Jax, Fl. 32209

Principal Place of Business
Scott Park
2740 Hampton Cir
Jax, Fl. 32209

Mailing Address
3516 Dawson St.
Jax, Fl. 32209

2. Principal Place of Business
21 Scott Park
Suite, Apt. #, etc
22
City & State
23 Jax, Florida
Zip
24 32209
Country
25 US

2a. Mailing Address
26 3516 Dawson St.
Suite, Apt. #, etc
27
City & State
28 Jax, Fl.
Zip
29 32209
Country
30 US

3. Date Incorporated or Qualified
6-3-1996

4. FEI Number
59-3387302
☐ Applied For
☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☑ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☑ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

Cedric L. Singletary
3516 Dawson Street
Jacksonville, Florida
32209

10. Name and Address of New Registered Agent

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 as President 4-30-98
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	President	☐ DELETE	1.1 TITLE	M	☐ Change ☒ Addition
NAME	Cedric Singletary		1.2 NAME	Ola Allen	
STREET ADDRESS	3516 Dawson Street		1.3 STREET ADDRESS	829 Tortoise Way	
CITY-ST-ZIP	Jax, Fl. 32209		1.4 CITY-ST-ZIP	Jax, Fl. 32219	
TITLE	Kenneth Smith	☐ DELETE	2.1 TITLE	C	☐ Change ☒ Addition
NAME	Vice President		2.2 NAME	Robert Allen	
STREET ADDRESS	9564 John F. Kennedy Dr. W.		2.3 STREET ADDRESS	1474 W. 6th Street	
CITY-ST-ZIP	Jax, Fl. 32218		2.4 CITY-ST-ZIP	Jax, Fl. 32209	
TITLE	Treasurer	☒ DELETE	3.1 TITLE	Treasurer	☒ Change ☒ Addition
NAME	Johnetta Smith		3.2 NAME	Carolyn Lewis	
STREET ADDRESS	9564 John F Kennedy Dr W		3.3 STREET ADDRESS	3516 Dawson St.	
CITY-ST-ZIP	Jax, Fl. 32218		3.4 CITY-ST-ZIP	Jax, Fl. 32209	
TITLE	Secretary	☒ DELETE	4.1 TITLE	Secretary	☒ Change ☒ Addition
NAME	Daphne McArthur		4.2 NAME	Vanette Weeks	
STREET ADDRESS	8965 Castle Blvd		4.3 STREET ADDRESS	6412 Lockhardt Dr.	
CITY-ST-ZIP	Jacksonville, Fl. 32208		4.4 CITY-ST-ZIP	Jax, Fl. 32209	
TITLE	Athletic Director	☒ DELETE	5.1 TITLE	Ath. Director	☒ Change ☒ Addition
NAME	Adrian Mincey		5.2 NAME	Curtis Warren	
STREET ADDRESS	10415 Monaco Dr. Apt #201		5.3 STREET ADDRESS	6803 Rhode Island Dr. E	
CITY-ST-ZIP	Jacksonville, Fl. 32209		5.4 CITY-ST-ZIP	Jax, Fl. 32209	
TITLE	Sports Management Dir.	☐ DELETE	6.1 TITLE	200002589222	☐ Change ☐ Addition
NAME	Adrian Mincey Apt #201		6.2 NAME	-07/15/98--01011--006	
STREET ADDRESS	10415 Monaco Dr		6.3 STREET ADDRESS	***75.00	
CITY-ST-ZIP	Jax, Fl. 32209		6.4 CITY-ST-ZIP		

A. 7/14

CR2E037 (10/97)

14. 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 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 4-30-98 904-791-8908
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #