FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 AUG 17 AM 10:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000003576

1. Corporation Name
North Quadrant Athletic Association, Inc

Principal Place of Business	Mailing Address
2745 Hamilton Circle Jacksonville, Fl 32209	4324 Bessie Circle W.

2. Principal Place of Business (21)	2a. Mailing Address (26)	3. Date Incorporated or Qualified
Same as above	4324 Bessie Circle W.	
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)	4. FEI Number: 593387302 ☐ Applied For ☐ Not Applicable
City & State (23): Jax, Fl	City & State (28): Jax, Fl	5. Certifcate of Status Desired ☒ — **$8.75** Additional Fee Required
Zip (24): 32209 Country (25): US	Zip (29): 32209 Country (30): US	6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Singletary, Cedric L 3516 Dawson St. Jax, Fl 32209 US	81 Name: DeAryl Tremble 82 Street Address (P.O. Box Number is Not Acceptable): 4324 Bessie Circle W. 83 84 City: Jax FL 85 Zip Code: 32209

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: DeAryl Tremble — DEARYL TREMBLE — 6-2-99
(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 NAME STREET ADDRESS CITY-ST-ZIP	☒ DELETE Grany, James 7565 John F Kennedy Dr W. Jax, Fl 32219	1.1 TITLE D 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☒ Change ☐ Addition Mincey, Adrian 10525 Monaco Dr. #201 Jax, Fl 32218
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	☒ DELETE Andrew, Timothy 3411 McMillan ST. Jax, Fl 32208	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☒ Change ☐ Addition 500002964285--2 -08/19/99--01039--020 *****61.25 *****61.25
TITLE Pres NAME STREET ADDRESS CITY-ST-ZIP	☒ DELETE Singletary, Cedric L 800 Broward Rd #J103 Jax, Fl 32218	3.1 TITLE Pres D 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☒ Change ☐ Addition Tremble, DeAryl 4324 Bessie Circle W. Jax, Fl 32209
TITLE V-P NAME STREET ADDRESS CITY-ST-ZIP	☒ DELETE Smith, Kenneth 7564 John F. Kennedy Dr W. Jax, Fl 32219	4.1 TITLE VP D 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☒ Addition Pullins, Darrell 850 W. 31 St. Jax, Fl 32209
TITLE NAME S STREET ADDRESS CITY-ST-ZIP	☒ DELETE McArthur, Daphne 1591 Lane Ave Apt 26 W Jax, Fl 32210	5.1 TITLE 5.2 NAME S 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☒ Change ☐ Addition Merritt, Kathy 1862 West 6TH ST. JaX, Fl 32209
TITLE NAME Tres STREET ADDRESS CITY-ST-ZIP	☒ DELETE Smith, Gehneth 7564 John F. Kennedy Dr W.	6.1 TITLE Tres 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☒ Change ☐ Addition Curry, Sonya 850 W. 31 St. Jax, Fl 32209 TS

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: Adrian Mincey — 6-2-99 — 904-355-2191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #