2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005599

FILED May 17, 2006 Secretary of State

Entity Name: FORT CAROLINE ATHLETIC ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

11751 MCCORMICK RD

JACKSONVILLE, FL 32225 US

Current Mailing Address: New Mailing Address:

P. O. BOX 351135

JACKSONVILLE, FL 322351135 US

FEI Number: 59-3478332 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GERSON, JON CAIN, SHELLEY G 12560 POINT PARK DRIVE 1841 RALEY ROAD

JACKSONVILLE, FL 32225 US JACKSONVILLE, FL 32225 US

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.

SIGNATURE: SHELLEY GILL CAIN 05/17/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

JACKSONVILLE, FL 32225

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

JACKSONVILLE, FL 32235

tle: PD () Delete Title: PD (X) Change () Addition

 Name:
 HOLBROOK, MIKE
 Name:
 WILLIAMS, DAVID

 Address:
 3973 HIGH PINE RD.
 Address:
 POST OFFICE BOX 351135

 City-St-Zip:
 JACKSONVILLE, FL 32235
 City-St-Zip:
 JACKSONVILLE, FL 32235

Title: S () Delete Title: S (X) Change () Addition

 Name:
 LOEROP, MICHELE
 Name:
 THROWER, ALBERT

 Address:
 5710 APPLEWOOD CT.
 Address:
 POST OFFICE BOX 351135

 City-St-Zip:
 JACKSONVILLE, FL 32225
 City-St-Zip:
 JACKSONVILLE, FL 32235

Title: T () Delete Title: T (X) Change () Addition

 Name:
 GERSON, JON
 Name:
 CAIN, SHELLEY G

 Address:
 12560 POINT PARK DRIVE
 Address:
 1841 RALEY ROAD

 City-St-Zip:
 JACKSONVILLE, FL 32225
 City-St-Zip:
 JACKSONVILLE, FL 32225

Title: SEC () Delete Title: SEC (X) Change () Addition

 Name:
 WISELY, KELLY
 Name:
 YBARRA, BRIDGETT

 Address:
 4560 FULTON RD
 Address:
 POST OFFICE BOX 351135

 City-St-Zip:
 JACKSONVILLE, FL 32225
 City-St-Zip:
 JACKSONVILLE, FL 32235

Title: VP/D () Delete Title: VP/D (X) Change () Addition

Name: BOYD, DAVID Name: HEBERT, THOMAS
Address: 2683 COBBLESTONE FOREST CIRCLE Address: POST OFFICE BOX 351135

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: SHELLEY GILL CAIN T 05/17/2006