NOT-FOR-PROFIT CORPORATION

Apr 17, 2002 8:00 am **UNIFORM BUSINESS REPORT (UBR)** Secretary of State DOCUMENT # / 04-17-2002 90123 003 ****70 00 1. Entity Name Pine Forest Athletic Association 831298 DO NOT WRITE IN THIS SPACE 2. Principal Place of Business Mailing Address 3856 Grant Road 3856 Grant Road Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number Jacksonuille 59-3589060 Florida Jacksonuille. Florida Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent Honald Hayward odress (P.O. Box Number is Not Acceptable) Lantara Lakes Ronald DO NOT WRITE IN THIS SPACE Jank Sonville 8. 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 (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Initial or Amended UBR Added to Fees Department of State OFFICERS AND DIRECTORS TITLE President Ronald Hayward CR2E037B (12/01) TITLE NAME 🏑 NAME 10544 Lantana Lakes STREET ADORESS STREET ADDRESS tacksonville, Florida-322410 CITY-ST-ZIP CITY-ST-ZIP TITLE Vice President Phillip Everett NAME NAME 7400 fowers Avenue STREET ADDRESS STREET ADDRESS Jacksonville, Florida 32217 CITY-ST-ZIP CITY-ST-ZIP TITLE Secretary TITLE NAME NAME Juanita Mabley STREET ADDRESS STREET ADDRESS 2045 Wright Avenue DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIF Jacksonville, Florida 32207 Treasurer TITLE IN THIS SPACE Wilbur Kinand 2728 Spring Park Road Jacksonville Florida 32207 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Athletic Association TITLE TITLE Damon Williams 2050 Wedgefield Blud NAME NAME STREET ADDRESS STREET ADDRESS Jacksonville, Florida 32277 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

12. 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE: `

CITY-ST-ZIP

904-885-9619