

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000604

Entity Name: SANS SOUCI ATHLETIC ASSOCIATION, INC.**Current Principal Place of Business:**6736 BEACH BLVD.
(BEHIND SCHOOL - FIELD PRESS BOX)
JACKSONVILLE, FL 32216**Current Mailing Address:**PO BOX 16295
JACKSONVILLE, FL 32245-6295 US**FEI Number:** 59-3085770**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**RAY, BILL
2434 UNA DR
JACKSONVILLE, FL 32216-5093 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	D
Name	CLARK, DONNIE JR.
Address	2504 SAM ROAD
City-State-Zip:	JACKSONVILLE FL 32216

Title	SD
Name	MILLER, COREY
Address	3425 DRUM STREET
City-State-Zip:	JACKSONVILLE FL 32207

Title	D
Name	RAY, BILL
Address	2434 UNA DR
City-State-Zip:	JACKSONVILLE FL 32216-5093

Title	D
Name	MOORE, WILLIAM
Address	1557 DUNNS LAKE DRIVE E.
City-State-Zip:	JACKSONVILLE FL 32228

Title	DIRECTOR
Name	STRICKLAND, JESSICA
Address	2305 BREAST ROAD
City-State-Zip:	JACKSONVILLE FL 32216

I hereby 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 all other like empowered.

SIGNATURE: BILL RAY

TREASURER/CEO

02/08/2014

Electronic Signature of Signing Officer/Director Detail_____
Date