

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000000604

**FILED**  
**Feb 08, 2014**  
**Secretary of State**  
**CC1137676220**

**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