FILED
Aug 20, 2004 8:00 am
Secretary of State

08-20-2004 90008 002 ****61.25

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 705052

1. Entity Name
JACKSONVILLE HOTEL & MOTEL ASSOCIATION, INC.

24080599

Principal Place of Business	Mailing Address
JHMA P.O. BOX 550861 JACKSONVILLE, FL 32255	JHMA P.O. BOX 550861 JACKSONVILLE, FL 32255

07062004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1843742 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DILLEY, CATHY 5544 SHERI LANE JACKSONVILLE, FL 32207	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DILLEY, CATHRYN S	NAME	
STREET ADDRESS	5544 SHERI LANE	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	CITY-ST-ZIP	
TITLE	DP ☑ Delete	TITLE	DP ☐ Change ☑ Addition
NAME	TRUHLAR, JEFF	NAME	Fred Pozin
STREET ADDRESS	1617 N. FIRST ST.	STREET ADDRESS	3130 Hartley Rd
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250	CITY-ST-ZIP	Jacksonville, FL 32257
TITLE	DV ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	KANJI, KISH	NAME	
STREET ADDRESS	4675 SAILSBURY RD.	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32256	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HOCKENBURY, JOE	NAME	
STREET ADDRESS	1515 PRUDENTIAL DR.	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

[illegible] Dilley [illegible] 2004