


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2005 8:00 am
Secretary of State

01-27-2005 90058 022 ****61.25

DOCUMENT # 705052					
1. Entity Name JACKSONVILLE HOTEL & MOTEL ASSOCIATION, INC.					
Principal Place of Business JHMA P.O. BOX 550861 JACKSONVILLE, FL 32255		Mailing Address JHMA P.O. BOX 550861 JACKSONVILLE, FL 32255			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1843742	
Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DILLEY, CATHRYN S	NAME			
STREET ADDRESS	5544 SHERI LANE	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32207	CITY-ST-ZIP			
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	POZIN, FRED	NAME			
STREET ADDRESS	3130 HARTLEY RD	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32257	CITY-ST-ZIP			
TITLE	DV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KANJI, KISH	NAME			
STREET ADDRESS	4675 SAILSBURY RD.	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32256	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HOCKENBURY, JOE	NAME			
STREET ADDRESS	1515 PRUDENTIAL DR.	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32207	CITY-ST-ZIP			
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	Donald Harris	NAME			
STREET ADDRESS	14668 Duval Rd	STREET ADDRESS			
CITY-ST-ZIP	Jacksonville, FL 32218	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
SIGNATURE: <i>Cathryn Dilley</i>				Date: 1/12/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	

50007525



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