

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 22, 2006 8:00 am**  
**Secretary of State**

01-26-2006 90032 044 \*\*\*\*61.25

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1st MOORE CR2E037 (10/05)

<b>DOCUMENT # 711541</b>					
1. Entity Name JACKSONVILLE AREA GOLF ASSOCIATION, INC.					
Principal Place of Business 733 PUTTERS GREENWAY S. JACKSONVILLE FL 32259 US		Mailing Address 733 PUTTERS GREENWAY S. JACKSONVILLE FL 32259 US			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>NO-T APPLICABLE</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>KAY, JERRY</b> 733 PUTTERS GREENWAY SO. JACKSONVILLE FL 32259			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when retaining) DATE</small>					
<b>FILE NOW - FEE IS \$61.25</b> <b>Due By May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STREICHTIFF, BOB		NAME		
STREET ADDRESS	1312 QUEENS ISLAND CT		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32225		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KAY, JERRY		NAME		
STREET ADDRESS	733 PUTTERS GREENWAY S.		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32259		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ANDREWS, JIM		NAME		
STREET ADDRESS	178 SAN JUAN DR		STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CROWE, LEE		NAME		
STREET ADDRESS	6809 MCNULLIN ST.		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32210		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	EDWARDS, JIM		NAME		
STREET ADDRESS	3150 S. FLETCHER AVE., #402		STREET ADDRESS		
CITY-ST-ZIP	FERNANDINA BEACH FL 32034		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 exemptions contained in Section 119, 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:		JERRY KAY		2-18-06 904-613-0779	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	