

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90096 002 ****61.25

DOCUMENT # 711541

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**

90009848



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

4. FEI Number **NOT APPLICABLE**
Applied For
Not Applicable

Zip Country

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

**KAY, JERRY
733 PUTTERS GREENWAY SO.
JACKSONVILLE FL 32259**

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 *Jerry Kay* **JERRY KAY** DATE

FILE NOW: FEE IS \$61.25

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	<input type="checkbox"/> Delete
NAME	BLACK, BILL	
STREET ADDRESS	724 PUTTERS GREEN WAY S	
CITY-ST-ZIP	JACKSONVILLE FL 32259	
TITLE	DT	<input type="checkbox"/> Delete
NAME	KAY, JERRY	
STREET ADDRESS	733 PUTTERS GREEN WAY SOUTH	
CITY-ST-ZIP	JACKSONVILLE FL 32259	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	ANDREWS, JAMES	
STREET ADDRESS	178 SAN JUAN DR	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	DS	<input type="checkbox"/> Delete
NAME	CROWE, LEE	
STREET ADDRESS	6809 MCMULLIN ST	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	OLEARY, BART	
STREET ADDRESS	2032 THETA CRT	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	President	<input type="checkbox"/> Delete
NAME	Don Haws	
STREET ADDRESS	10344 HEATHER GLEN DR. N	
CITY-ST-ZIP	JACKSONVILLE FL 32256	

TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIKE COOPER	
STREET ADDRESS	3355 CLAIRE LANE # 1109	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Jerry Kay* **JERRY KAY** 1-22-03 904-287-3117

CR2E037 (10/02)