


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-27-2005 90296 010 ****61.25

DOCUMENT # 739177					
1. Entity Name BLACK HAMMOCK ISLAND CIVIC ASSOCIATION, INC.					
Principal Place of Business 15770 SAWPIT RD JACKSONVILLE, FL 32226 US			Mailing Address P.O. BOX 26305 JACKSONVILLE, FL 32226 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
THOMPSON, MARY E 15561 FLOUNDER RD JACKSONVILLE, FL 32226				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 _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
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	P	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, MARY E		NAME	MIKE LEWIS	
STREET ADDRESS	15561 FLOUNDER RD.		STREET ADDRESS	15512 SHARK RD. WEST	
CITY-ST-ZIP	JACKSONVILLE, FL 32226		CITY-ST-ZIP	JACKSONVILLE, FL 32226	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, CHARLES		NAME	DAVID PONCE	
STREET ADDRESS	15930 SHARK RD. W		STREET ADDRESS	15528 SHARK RD. WEST	
CITY-ST-ZIP	JACKSONVILLE, FL 32226		CITY-ST-ZIP	JACKSONVILLE, FL 32226	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASWELL, ANN		NAME		
STREET ADDRESS	15648 SHARK RD. W		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32226		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLEY, BARBARA		NAME	MARY + THOMPSON	
STREET ADDRESS	10375 SAWPIT RD		STREET ADDRESS	15561 FLOUNDER RD.	
CITY-ST-ZIP	JACKSONVILLE, FL 32226		CITY-ST-ZIP	JACKSONVILLE, FL 32226	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, SAM		NAME	SHELVA PONCE	
STREET ADDRESS	16118 BAKER LN. S		STREET ADDRESS	15528 SHARK RD. WEST	
CITY-ST-ZIP	JACKSONVILLE, FL 32226		CITY-ST-ZIP	JACKSONVILLE, FL 32226	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ODOM, GEORGE		NAME	CHARLES LEE	
STREET ADDRESS	16045 SHELLCRACKER RD		STREET ADDRESS	15930 SHARK RD. WEST	
CITY-ST-ZIP	JACKSONVILLE, FL 32226		CITY-ST-ZIP	JACKSONVILLE, FL 32226	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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>Mary E. Thompson</i> Secretary (MARY E. THOMPSON)				Date: 4/25/05 Daytime Phone #: 904-159-3650	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	

DOCUMENT #739177 ATTACHMENT

H0068292

Officers and Directors

Title D

Name ILEY M. THOMPSON, JR.

Street Address 15561 FLOUNDER RD.

City-St-Zip JACKSONVILLE, FL. 32226

Title MD

Name TOMMY CASWELL

Street Address 15648 SHARK RD. WEST

City-St-Zip JACKSONVILLE, FL. 32226

Title SGT. AT ARMS

Name CASEY JONES

Street Address 15521-1 BREAMPD.

City-St-Zip JACKSONVILLE, FL. 32226