

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 739177

FILED
Apr 20, 2003
Secretary of State

Entity Name: BLACK HAMMOCK ISLAND CIVIC ASSOCIATION, INC.

Current Principal Place of Business:

15770 SAWPIT RD
JACKSONVILLE, FL 32226 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 26305
JACKSONVILLE, FL 32226 US

New Mailing Address:

FEI Number: 59-2104167 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HANAPEL, JAMES
15799 SHELL CRACKER RD
JACKSONVILLE, FL 32226

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: THOMPSON, MARY E
Address: 15561 FLOUNDER RD.
City-St-Zip: JACKSONVILLE, FL 32226

Title: VP () Delete
Name: HANAPEL, JAMES L
Address: 15799 SHELLCRACKER RD.
City-St-Zip: JACKSONVILLE, FL 32226

Title: S () Delete
Name: CASWELL, ANN
Address: 15648 SHARK RD. W
City-St-Zip: JACKSONVILLE, FL 32226

Title: T () Delete
Name: HANAPEL, LENORE
Address: 15799 SHELLCRACKER RD
City-St-Zip: JACKSONVILLE, FL 32226

Title: D () Delete
Name: BAKER, SAM
Address: 16118 BAKER LN. S
City-St-Zip: JACKSONVILLE, FL 32226

Title: D () Delete
Name: ODOM, GEORGE
Address: 16045 SHELLCRACKER RD
City-St-Zip: JACKSONVILLE, FL 32226

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: THOMPSON, MARY E
Address: 15561 FLOUNDER RD.
City-St-Zip: JACKSONVILLE, FL 32226

Title: P (X) Change () Addition
Name: HANAPEL, JAMES L
Address: 15799 SHELLCRACKER RD.
City-St-Zip: JACKSONVILLE, FL 32226

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY E. THOMPSON

VP

04/20/2003

Electronic Signature of Signing Officer or Director

_____ Date

MOZELL MASTERS-SGT. AT ARMS
15511 FLOUNDER RD.
JACKSONVILLE, FL. 32226

TOMMY CASWELL-DIRECTOR FIRE STATION
15648 SHARK RD. W.
JACKSONVILLE, FL. 32226

ILEY M. THOMPSON, JR.-DIRECTOR
15561 FLOUNDER RD.
JACKSONVILLE, FL. 32226