

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752137

FILED
Apr 21, 2009
Secretary of State

Entity Name: JACKSONVILLE AUTOMOBILE DEALERS ASSOCIATION, INC.

Current Principal Place of Business:

4811 BEACH BLVD.
JACKSONVILLE, FL 32207 US

New Principal Place of Business:

7791 BELFORT PARKWAY
JACKSONVILLE, FL 32256 US

Current Mailing Address:

P.O. BOX 8055
FLEMING ISLAND, FL 320068055 US

New Mailing Address:

FEI Number: 23-7294217 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, JOHN
4811 BEACH BLVD
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

SCALES, JEFFREY F
7791 BELFORT PARKWAY
JACKSONVILLE, FL 32256 US

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: JEFFREY F. SCALES

04/21/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WILSON, JIM
Address: 6916 BLANDING BLVD
City-St-Zip: JACKSONVILLE, FL 32244

Title: D () Delete
Name: LYNCH, BILL
Address: 2165 RIVER BLVD
City-St-Zip: JACKSONVILLE, FL 32204

Title: D () Delete
Name: NIMNIGHT, BILLIE
Address: 1550 CASSAT AVENUE
City-St-Zip: JACKSONVILLE, FL 32210

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: O'STEEN, TOM
Address: 11401 PHILIPS HIGHWAY
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: VP (X) Change () Addition
Name: POTRATZ, NATHAN
Address: 1166 BLANDING BLVD.
City-St-Zip: ORANGE PARK, FL 32065 US

Title: T (X) Change () Addition
Name: HAMM, DAVID
Address: 3494 PHILIPS HIGHWAY
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: S () Change (X) Addition
Name: BUCKINGHAM, WILLIAM
Address: 9650 ATLANTIC BLVD.
City-St-Zip: JACKSONVILLE, FL 32225

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: TOM O'STEEN

P

04/21/2009

Electronic Signature of Signing Officer or Director

Date