


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 01, 2004 8:00 am**  
**Secretary of State**

04-01-2004 90026 013 \*\*\*\*61.25

**DOCUMENT # N00000003277**

1. Entity Name  
**JACKSONVILLE NON-GROUP, INC.**




Principal Place of Business  
**21 WEST CHRUCH STREET  
 JACKSONVILLE, FL 32202**

Mailing Address  
**21 WEST CHURCH STREET  
 JACKSONVILLE, FL 32202**

**94041083**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



03242004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-3485919**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**BUSSELLS, WALTER  
 21 WEST CHRUCH STREET  
 JACKSONVILLE, FL 32202**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
 Due by May 1, 2004**

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DOUGLAS, T.O.	
STREET ADDRESS	1776 AMERICAN HERITAGE LIFE DR.	
CITY-ST-ZIP	JACKSONVILLE, FL 32224	
TITLE	D	<input type="checkbox"/> Delete
NAME	RUMMELL, PETER S	
STREET ADDRESS	1650 PRUDENTIAL DR., SUITE 400	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	
TITLE	D	<input type="checkbox"/> Delete
NAME	HASKELL, P.H.	
STREET ADDRESS	111 RIVERSIDE AVENUE	
CITY-ST-ZIP	JACKSONVILLE, FL 32202	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEAVER, J.W.	
STREET ADDRESS	ONE ALLTEL STADIUM PLACE	
CITY-ST-ZIP	JACKSONVILLE, FL 32202	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CRISER, M.M.	
STREET ADDRESS	3300 NATIONSBANK CENTER	
CITY-ST-ZIP	JACKSONVILLE, FL 32202	
TITLE	C	<input type="checkbox"/> Delete
NAME	BUSSELLS, WALTER	
STREET ADDRESS	21 WEST CHURCH STREET	
CITY-ST-ZIP	JACKSONVILLE, FL 32202	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '04

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		
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, changed, or on an attachment with an address, with all other like empowers.

**SIGNATURE:** Walter Bussells  **3/25/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #