

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000153

FILED
Jul 20, 2004
Secretary of State

Entity Name: FRIENDS OF JACOBS AQUATIC CENTER, INC.

Current Principal Place of Business:

500 ST. CROIX PLACE
KEY LARGO, FL 33037

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 1994
KEY LARGO, FL 33037

New Mailing Address:

FEI Number: 45-0475523

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GESSEL, PATRICIA
99530 OVERSEAS HIGHWAY, #2
KEY LARGO, FL 33037 US

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: D () Delete
Name: BRICKER, TIMOTHY
Address: 89 NORTH BAY DRIVE
City-St-Zip: KEY LARGO, FL 33037

Title: D () Delete
Name: BOLINI, JIM
Address: 554 SOUND DRIVE
City-St-Zip: KEY LARGO, FL 33037

Title: D () Delete
Name: WALKER, MARSHALL
Address: 68 BAHAMA AVENUE
City-St-Zip: KEY LARGO, FL 33037

Title: D () Delete
Name: WAGNER, CORKY
Address: 71 MUTINY PLACE
City-St-Zip: KEY LARGO, FL 33037

Title: D () Delete
Name: FIRM, TODD
Address: POST OFFICE BOX 1994
City-St-Zip: KEY LARGO, FL 33037

Title: D () Delete
Name: JEFFERS, JANIS
Address: 181 OCEAN VIEW DRIVE
City-St-Zip: KEY LARGO, FL 33037

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GESSEL, PATRICIA
Address: 12 SUNSET ROAD
City-St-Zip: KEY LARGO, FL 33037

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

Title: () Change () Addition
Name:
Address:
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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: PATRICIA GESSEL

D

07/20/2004

Electronic Signature of Signing Officer or Director

Date