

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07117

FILED
Apr 08, 2008
Secretary of State

Entity Name: JACKSONVILLE MARINE ASSOCIATION, INC.

Current Principal Place of Business:

8940 SAN JOSE BLVD.
JACKSONVILLE, FL 32257

New Principal Place of Business:

Current Mailing Address:

8940 SAN JOSE BLVD.
JACKSONVILLE, FL 32257

New Mailing Address:

FEI Number: 59-1109509 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VOLPE, BAJALIA, WICKES, ROGERSON & WACHS
501 RIVERSIDE AVE., 7TH FLOOR
JACKSONVILLE, FL 32202 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: P () Delete
Name: PURCELL, GARY
Address: 6407 BLANDING BLVD.
City-St-Zip: JACKSONVILLE, FL 32210

Title: VP () Delete
Name: EVANS, DON
Address: 14539 BEACH BLVD.
City-St-Zip: JACKSONVILLE, FL 32250

Title: SEVP () Delete
Name: CASSEL, GEORGE
Address: 8940 SAN JOSE BLVD.
City-St-Zip: JACKSONVILLE, FL 32257

Title: T () Delete
Name: MURPHY, MONTY
Address: 3108 US HIGHWAY 17 SOUTH
City-St-Zip: ORANGE PARK, FL 32003

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ZEIGLER, MARK
Address: 4585 LAKESIDE DR.
City-St-Zip: JACKSONVILLE, FL 32210

Title: VP (X) Change () Addition
Name: LUSSIER, KEVIN
Address: 251 CREEKSIDE DR.
City-St-Zip: AMELIA ISLAND, FL 32034

Title: SEVP (X) Change () Addition
Name: CANNON, BRETT
Address: 13748 ATLANTIC BLVD.
City-St-Zip: JACKSONVILLE, FL 32225

Title: T (X) Change () Addition
Name: MURPHY, MONTY
Address: 3108 US HIGHWAY 17 SOUTH
City-St-Zip: ORANGE PARK, FL 32073

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: LESLIE A. WICKES, ESQ.

RA

04/08/2008

Electronic Signature of Signing Officer or Director

_____ Date