2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State
02-04-2004 90056 006 ****61.25

DOCUMENT# N13841

1. Entity Name

JACKSONVILLE SKEET AND TRAP CLUB, INC.

Principal Place of Business	Mailing Address
12125 NEW BERLIN RD. JACKSONVILLE FL 32226	12125 NEW BERLIN RD. JACKSONVILLE FL 32226

MOORE CR2E037 (11/03)

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

4. FEI Number 59-6151255 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LAWRENCE, ROLFE C 233 E. BAY ST. JACKSONVILLE FL 32202	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T KLOEPPE, CHRIS 7932 QUIALWOOD DR JACKSONVILLE FL 32256 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROLFE, L. C. 720 BLACKSTONE BUILDING JACKSONVILLE FL 32202 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Ron Raizis VP. 7313 TAHITI Rd JACKSONVILLE FL 32216 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP FLESEN, LARRY 12644 SHINNE COCK WAY JACKSONVILLE FL 32225 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasuver Larry Riesen ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P THOMAS, JOHN 4859 MAYWOOD DR JACKSONVILLE FL 32277 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Hitzing HZING, KATHERINE B. ~~12125 NEW BERLIN RD~~ 7778 Las Palmas Way JACKSONVILLE ~~FL 32226~~ 32256 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Hitzing, Katherine 7778 Las Palmas Way JAX FL 32256 ☐ Change ☒ Addition (Change)
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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

SIGNATURE: John D Thomas 1/28/04 904-714-3535
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #