


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2004 8:00 am
Secretary of State

05-24-2004 90009 042 ****70.00

14022841



DOCUMENT # N99000006153					
1. Entity Name MAYPORT MERCHANTS ASSOCIATION, INC.					
Principal Place of Business 619 ATLANTIC BLVD. ATLANTIC BCH, FL 32233		Mailing Address 619 ATLANTIC BLVD. ATLANTIC BCH, FL 32233			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3231641	
Applied For Not Applicable		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	04102004 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent BLANKENSHIP, KIMBERLY A ESQ. 1300 MARSH LANDING PKWY., SUITE 108 JACKSONVILLE BCH, FL 32250			7. Name and Address of New Registered Agent		
			Name <u>JOHN J. MONAHAN JR.</u>		
			Street Address (P.O. Box Number is Not Acceptable) <u>619 ATLANTIC BLVD.</u>		
			City <u>ATLANTIC BEACH</u>	FL	Zip Code <u>32233</u>
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 <u>John J. Monahan Jr.</u>		(NOTE: Registered Agent signature required when reinstating)		DATE <u>5/20/04</u>	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DAVIDSON, MIKE JR		NAME		
STREET ADDRESS	9650 ATLANTIC BLVD		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MONAHAN, JOHN JR		NAME		
STREET ADDRESS	619 ATLANTIC BLVD		STREET ADDRESS		
CITY-ST-ZIP	ATLANTIC BEACH, FL 32233		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PATIDBR, KEITH		NAME		
STREET ADDRESS	2389 MAYPORT RD.		STREET ADDRESS		
CITY-ST-ZIP	ATLANTIC BEACH, FL 32238		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MONAHAN, JOHN JR		NAME		
STREET ADDRESS	619 ATLANTIC BLVD		STREET ADDRESS		
CITY-ST-ZIP	ATLANTIC BCH, FL 32233		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>John J. Monahan Jr.</u>		Date <u>5/20/04</u>		Daytime Phone # <u>904-286-1003</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
<u>John J. Monahan Jr.</u>					