


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2005 08:00 AM
Secretary of State

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

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07012005 No Chg-NP CR2E037 (10/03)

4. FEI Number: 59-3231641 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MONAHAN, JOHN J JR
 619 ATLANTIC BLVD.
 ATLANTIC BEACH, FL 32233

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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)

Filing Fee is \$61.25
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DAVIDSON, MIKE JR
STREET ADDRESS	9650 ATLANTIC BLVD
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	T
NAME	MONAHAN, JOHN JR
STREET ADDRESS	619 ATLANTIC BLVD
CITY-ST-ZIP	ATLANTIC BEACH, FL 32233
TITLE	D
NAME	PATIDBR, KEITH
STREET ADDRESS	2389 MAYPORT RD.
CITY-ST-ZIP	ATLANTIC BEACH, FL 32238
TITLE	D
NAME	MONAHAN, JOHN JR
STREET ADDRESS	619 ATLANTIC BLVD
CITY-ST-ZIP	ATLANTIC BCH, FL 32233
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 J. Monahan Jr JOHN J. MONAHAN JR Date: 7-13-05 Daytime Phone #: 904-536-7388