

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 91034 020 \*\*\*\*61.25

**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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-3231641</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
<b>BLANKENSHIP, KIMBERLY A ESQ. 1300 MARSH LANDING PKWY., SUITE 108 JACKSONVILLE BCH FL 32250</b>				Name							
				Street Address (P.O. Box Number is Not Acceptable)							
				City				<b>FL</b>		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	<b>P</b>	<input type="checkbox"/> Delete		TITLE	<b>D</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	<b>DAVIDSON, MIKE JR</b>			NAME	<b>KEITH PAT O'B</b>		
STREET ADDRESS	<b>9650 ATLANTIC BLVD</b>			STREET ADDRESS	<b>2339 Mayport Rd</b>		
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>			CITY-ST-ZIP	<b>Atlantic Beach, FL 32033</b>		
TITLE	<b>T</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>MONAHAN, JOHN JR</b>			NAME			
STREET ADDRESS	<b>619 ATLANTIC BLVD</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>ATLANTIC BEACH FL 32233</b>			CITY-ST-ZIP			
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>M'CLOUGHLIN, BILL</b>			NAME			
STREET ADDRESS	<b>7019 CYPRESS BRIDGE DR.</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>PONTE VEORA BCH FL 32082</b>			CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>MONAHAN, JOHN JR</b>			NAME			
STREET ADDRESS	<b>619 ATLANTIC BLVD</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>ATLANTIC BCH FL 32233</b>			CITY-ST-ZIP			
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>CROSS, JOHN D</b>			NAME			
STREET ADDRESS	<b>PO BOX 007</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>MAYPORT FL 32267-0007</b>			CITY-ST-ZIP			
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>HOWELL, BILL</b>			NAME			
STREET ADDRESS	<b>75 NORTH 11TH STREET</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>JACKSONVILLE BEACH FL 32250</b>			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: *John I. Monahan Jr* **JOHN I. MONAHAN JR** 04-03-03 904-246-1003

CR2E037 (10/02)