

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 752137

**Entity Name:** JACKSONVILLE AUTOMOBILE DEALERS ASSOCIATION, INC.

**FILED**  
**Apr 21, 2015**  
**Secretary of State**  
**CC9086407506**

**Current Principal Place of Business:**

10939 ATLANTIC BLVD.  
JACKSONVILLE, FL 32225

**Current Mailing Address:**

P.O. BOX 8055  
FLEMING ISLAND, FL 32006-8055 US

**FEI Number: 23-7294217**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

WESTER, LINDA EXECUTIVE DIRECTOR  
10939 ATLANTIC BLVD.  
JACKSONVILLE, FL 32225 US

*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: LINDA WESTER**

**04/21/2015**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name BURHYTE, JASON  
Address 7040 BLANDING BLVD.  
City-State-Zip: JACKSONVILLE FL 32244

Title PRESIDENT  
Name DORAN, RICK  
Address 10939 ATLANTIC BLVD.  
City-State-Zip: JACKSONVILLE FL 32225

Title TREASURER  
Name LYNCH, JACKIE  
Address 11503 PHILIPS HIGHWAY  
City-State-Zip: JACKSONVILLE FL 32256

Title VP  
Name ASSIMENIOS, TELIS  
Address 9850 ATLANTIC BLVD.  
City-State-Zip: JACKSONVILLE FL 32225

Title SECRETARY  
Name O'STEEN, TOM  
Address 11401 PHILIPS HIGHWAY  
City-State-Zip: JACKSONVILLE FL 32256

*I hereby 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 all other like empowered.*

**SIGNATURE: RICK DORAN**

**PRESIDENT**

**04/21/2015**

Electronic Signature of Signing Officer/Director Detail

Date