


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90401 025 \*\*\*\*70.00

<b>DOCUMENT # 705052</b> 1. Entity Name <b>JACKSONVILLE HOTEL &amp; MOTEL ASSOCIATION, INC.</b>					
Principal Place of Business <b>JHMA P.O. BOX 550861 JACKSONVILLE, FL 32255</b>			Mailing Address <b>JHMA P.O. BOX 550861 JACKSONVILLE, FL 32255</b>		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
01252006 Chg-NP CR2E037 (11/05)			4. FEI Number <b>59-1843742</b>		
5. Certificate of Status Desired <input type="checkbox"/>			Applied For Not Applicable		
6. Name and Address of Current Registered Agent <b>DILLEY, CATHY 5544 SHERI LANE JACKSONVILLE, FL 32207</b>			7. Name and Address of New Registered Agent Name <b>VICKY KOELE-BRYAN</b> Street Address (P.O. Box Number is Not Acceptable) <b>550 WATER STREET SUITE 1000</b> City <b>JACKSONVILLE</b> FL Zip Code <b>32202</b>		
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><i>Vicky Koelle-Bryan</i></u> DATE <u>4/25/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	<b>D</b> <b>DILLEY, CATHRYN S</b> <b>5544 SHERI LANE</b> <b>JACKSONVILLE, FL 32207</b>	<input checked="" type="checkbox"/> Delete	TITLE	<b>(D)</b> <b>VICKY KOELE-BRYAN</b> <b>550 WATER STREET SUITE 1000</b> <b>JACKSONVILLE, FL 32202</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<b>DP</b> <b>POZIN, FRED</b> <b>3130 HARTLEY RD</b> <b>JACKSONVILLE, FL 32257</b>	<input type="checkbox"/> Delete	TITLE	<b>TREASURER (T)</b> <b>DENNIS PARKER</b> <b>9300 BAYMEADOWS RD</b> <b>JACKSONVILLE FL 32256</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<b>DV</b> <b>KANJI, KISH</b> <b>4675 SAILSBURY RD.</b> <b>JACKSONVILLE, FL 32258</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<b>DP</b> <b>HARRIS, DONALD</b> <b>14668 DUVAL RD</b> <b>JACKSONVILLE, FL 32218</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 exemptions contained in Chapter 119, 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.					
<b>SIGNATURE: <u><i>Dennis Parker</i></u> DENNIS PARKER, TREASURER 4-17-06 (904) 899-9501</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					